

American Optometric Association NEWS

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News blog
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Volume 50

June 2012

No. 12

AOA to honor top ODs in profession at Optometry's Meeting®

The 2012 Optometry's Meeting® Opening General Session will highlight the accomplishments of the five recipients of the AOA annual awards.

The Opening General Session, sponsored by Essilor, will also feature a "behind the scenes" 3-D experience, as Hollywood comes to Chicago.

The Distinguished Service Award recognizes Rear Adm. Michael H. Mittelman, O.D., for his

unusually significant contributions to the profession of optometry.

The Optometrist of the Year Award recognizes Melvin Shipp, O.D., Dr.PH, MPH, for his performance of outstanding services on behalf of the profession and to the visual welfare of the public.

The Young Optometrist of the Year Award recognizes Chris Wroten, O.D., who has been in practice less than 10 years and demonstrates

remarkable leadership skills when serving the profession, patients and his community.

The first-ever Optometric Educator Award recognizes Tony Carnevali, O.D., for performance of outstanding services on behalf of the profession, optometric education and to the visual welfare of the public.

The Paraoptometric of the Year Award honors Vera Kohler, CPOA, for her significant contributions to the field

of paraoptometry.

Distinguished Service Award

Rear Adm. Michael Mittelman graduated from the Pennsylvania College of Optometry in May 1980 and earned a Master of Public Health degree from the University of Alabama at Birmingham in 1990.

Rear Adm. Mittelman was commissioned in the Navy Medical Service Corps in 1980. His first clinical assignment was at Naval Hospital Cherry Point,



Rear Adm. Michael Mittelman, O.D.

Marine Corps Air Station Cherry Point from July 1980

See Awards, page 14

AOA Third Party Center shares benefits integration message at worldwide health plan conference

Stephen Montaquila, O.D., chair of the AOA Third Party Center Executive Committee, explained the benefits of integrating vision and eye health benefits in health plan benefits packages at the World Congress 2nd Annual Leadership Summit on Ancillary Products and Voluntary Benefits in March. Dr. Montaquila shared the podium with Peter

Hollmann, M.D., associate medical director of Blue Cross Blue Shield of Rhode Island. The conference was part of the larger Health Plan Innovation Congress.

Their session, "Integrating Vision & Eye Health Benefits and Professional Optometric Services," was the first presentation showcasing the AOA's Patient Access to Optometry message.

Dr. Montaquila discussed the importance of eye health as an integrated benefit in the medical plan, and Dr. Hollmann explained how integration was beneficial for Blue Cross Blue Shield Rhode Island members and the health plan. Together they described how the eyes and eye health are not ancillary and therefore should not

see Benefits, page 18



With new technology, cutting-edge education, and greater opportunities to connect with other visionaries, the future of optometry is at Optometry's Meeting® in Chicago, Ill., June 27-July 1, 2012. There is still time to register on-site or at www.optometrys-meeting.org to see tomorrow's technology today.



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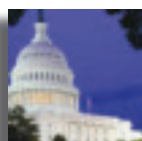
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President's Column
Lessons learned as president



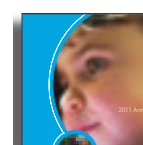
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Eye on Washington
AOA advocates continue to build on momentum gained from biggest advocacy day ever



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Optometry Cares®
2011 AOA Foundation annual report



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Medicare prepayment review comes to eye care

The rapid expansion of a U.S. Centers for Medicare & Medicaid Services (CMS) initiative, launched last year to crack down on improper billing and claim errors, has meant more optometrists across the nation are receiving Medicare prepayment review notices, according to the AOA Third Party Center Executive Committee.

The new prepayment review program means health care practitioners, including optometrists, will have to more diligently avoid common claim filing errors – such as coding mistakes or missing signatures – if they wish to ensure prompt payment, according to AOA Third Party Center Executive Committee members.

The AOA Advocacy Group is monitoring the new program closely to make sure claims from optometrists are not being improperly rejected.

“Medicare audits are increasing in frequency. Optometry is NOT immune to these audits. Remember that proper documentation is always required on claims. Never ignore an audit request,” said committee member Rebecca Wartman, O.D.

Traditionally, Medicare carriers have conducted post-payment reviews. Health care practitioners were asked to provide any missing docu-

mentation and return payments if they could not.

However, recent federal legislation has now authorized Medicare auditors to review randomly selected

In April, the medical review department for Palmetto GBA, the Medicare administrative carrier (MAC) for North Carolina, South Carolina, Virginia, and West

Medicare contractor, and a number of eye care practitioners in those states may receive notices, the AOA Advocacy Group notes.

“A Medicare carrier

the request to send their records into the carrier,” Dr. Wartman said.

“Fortunately, optometrists can generally take some relatively simple steps to avoid common claim-filing errors and thereby avoid prepayment ADRs,” she added.

“Adequate documentation is the primary concern for auditors,” Dr. Wartman said.

Optometrists are asked to report all prepayment review notices to their state optometric association’s Medicare Carrier Advisory Committee (CAC) representative and third-party committee as well as the AOA Third Party Center Executive Committee.

“Reviews may target Medicare prepayment audits of ophthalmology procedure codes,” an AOA Third Party Committee advisory on the prepayment review program appears on page 7 of this *AOA News*.

“Medicare audits are increasing in frequency. Optometry is NOT immune to these audits. Remember that proper documentation is always required on claims.”

claims prior to payment.

The auditors then ask practitioners to provide any missing information before issuing a check or funds transfer. The prepayment audit program was launched in 2010.

In February the CMS more than doubled the size of the new audit program to cover 2.7 million claims a year, up from 1.2 million claims.

Shortly thereafter, the AOA Advocacy Group began receiving questions from optometrists around the nation regarding additional documentation requests (ADRs) they had received from Medicare carriers prior to payment.

Wisconsin Physician Services (WPS), the Medicare carrier for a number of Midwestern states, conducted two optometry-specific probe reviews, on CPT codes 99213 and 99214, in 2011.

Virginia, announced it will perform a service-specific pre-pay “probe” review of outpatient ophthalmic claims, focusing on 13 common ophthalmic codes found to be used with high frequency.

The carrier plans to review about 100 claims in each of the four states for each of the 13 services.

“Probe” reviews are conducted to determine if there is evidence of a widespread billing problem. The 5,200-claim review is considered unusually large for a

medical review probe may be coming to your area soon,” said Dr. Wartman.

Practitioners should watch carefully for prepayment review notices in the mail and be prepared to promptly provide any information required by auditors, Dr. Wartman said.

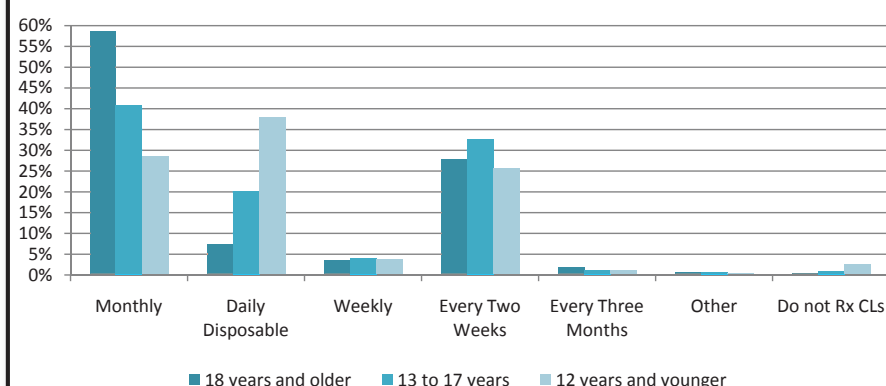
Practitioners have only a limited period of time to respond.

“Remember these are prepayment reviews so the claim will not be processed until the provider responds to

OPTOMETRY FACTS IN FOCUS

According to the 2011 Clinical Practice Survey, monthly contact lenses are preferred by the majority of optometrists prescribing Contact Lenses for patients 13-17 years of age and those 18 years and older, followed by every two weeks, daily disposables, weekly and every three months disposables. Optometrists were more likely to prescribe daily disposables to patients 12 years and younger, followed by either monthly or every two week disposables. Less than 1% of responding optometrists did not prescribe CLs to patients between 13 and 17 years of age or 18 years and older while 2.6% of optometrists did not prescribe CLs to children 12 years and under. This information and more can be found in “Optical Dispensing among Optometrists”.

Primary choice in frequency of replacement for SCLs by patient age group, 2011



Source: AOA Research & Information Center, 2011 Clinical Practice Survey. “RIC@aaa.org”

Visit www.aoa.org/2011Dispensing to read the Executive Summary and learn how you can obtain full results from the 2011 Clinical Practices Survey.

New ways to connect with AOA...

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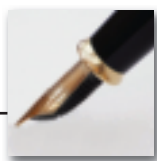
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PRESIDENT'S COLUMN

Lessons learned as president

Last fall I arrived home on a Sunday night after being gone for five days. Monday morning I was leaving again for another AOA trip but was following my boys to the car as they were going off to school. I was apologizing for being gone, for not being in touch, for missing out on things, promising this wouldn't last forever and, quite honestly, feeling guilty. My 12-year-old son, Ian, gave me a hug and said, "Well, Mom, you are the president."

I've often been asked what it's like to be president of the AOA and if it was what I expected it to be, to which I've answered "Yes and no, but I've learned a lot." For example, I've learned far more about employee pension plans. Specifically, that decisions made in the 1960s can have amazing consequences to an association decades later. I've learned far more about how schools and colleges are accredited than I ever thought I'd need to know. I have spent hours asking questions so I would have a better understanding of what we can and cannot do as it impacts those standards. In the end I feel comfortable about comments we will give to the Accreditation Council on Optometric Education regarding the standards.

I've learned more about the publishing world. I now can skillfully talk about Index Medicus, PubMed, peer review, editors, managing editors and publishing contracts.

I've learned that many people really have no idea

what the difference is between a screening and an eye exam and that an eye exam is far more valuable. How many times have patients said they had their last eye exam at the motor vehicle department when they renewed their driver's license?

Because of my involvement with the Foundation for Eye Health Awareness I am now more versed on media

And, did you really mean to say that to me? Would you have said that to my face?

I've learned that some decisions appear easy on the surface, but often have all sorts of tangled webs associated with them depending on what decision is made. There are ALWAYS two sides to a story, and people who are trying to convince you of something will usually only give you one side of it. I've

There are ALWAYS two sides to a story, and people who are trying to convince you of something will usually only give you one side of it.

buys, market trends and paying for "talent." I also have a whole new respect for those people who test each and every word that goes in to an ad campaign to know which words create more of a reaction with the public.

I've learned more about communications. The speed of the Internet is amazing, and once you send an email or click "post" it's out there for the world to see in seconds. Sometimes that can be positive, but other times that can be negative. I've tried to respond to each and every email I received and many times picked up the phone to visit with members. Sometimes I've shocked people because I replied. If you didn't get a response from me it might have been because it got lost in the 200+ emails a day. Last time I looked I had 16,000 emails in my inbox.

learned that optometrists are people who, like most people, don't like change. A U.S. congressman once taught me there is a general tendency for people to believe the big fat scary lies than the reassuring truth. And given the opportunity to listen to the truth, a common comment is, "Oh, I had no idea."

I've learned to be more comfortable with public speaking. I've grown as a person. I look at things differently. I'd like to think I analyze things better than I did before I was president. I've learned I love lobbying for optometry in D.C. or elsewhere.

Most of all, I've learned optometry really is a big family. I've said that for a while, and I see others using that now. I think that's a good thing because in the end no one else cares about our profession like we do. No one



Dr. Carlson

else is going to protect our profession like the AOA will. No one else is going to fight against discrimination of our profession like the AOA will. The AOA always has... and always will.

I've learned that optometry is different around the world and even inside the United States. How I practice optometry is vastly different than some of my colleagues in other parts of the country. I understand that, and I respect that. But ultimately when we make decisions that are right for the patient, it's right for our profession.

I've learned that even as I get older I'm still trying to figure out what I want to do when I grow up. And I've learned I have an intelligent Board of Trustees, incredible friends who are supportive, fabulous patients who are proud I've been president, and a truly awesome family.

Thanks, Ian. I'll be home soon.

Dori M. Carlson, OD

Dori Carlson, O.D.
AOA president

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by the American Optometric Association

243 N. Lindbergh Blvd., St. Louis, MO 63141

Business, Editorial, Accounting and Circulation Office:

243 N. Lindbergh Blvd., St. Louis, MO 63141

Domestic subscriptions: \$123. International subscriptions: \$171.

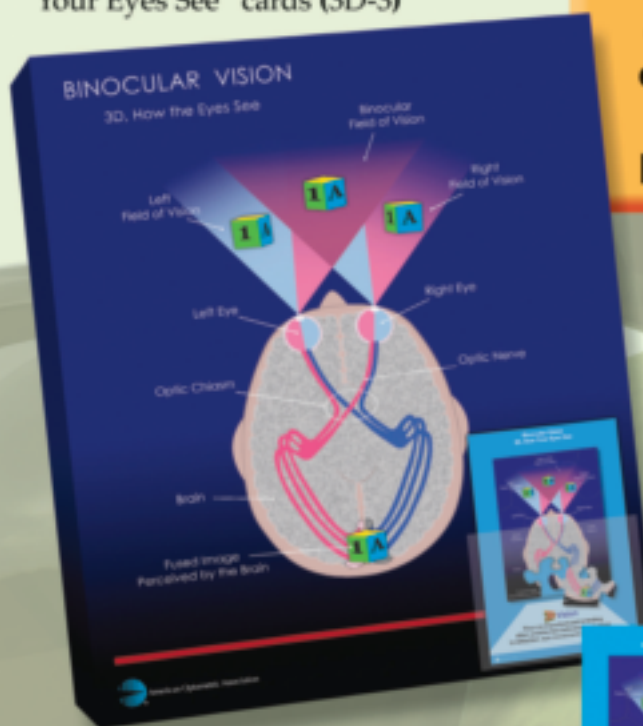
Customer service: 800-365-2219 (US and Canada) or 314-991-4100 (other countries).

Periodicals postage paid at St. Louis, MO, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News,
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Reynolds files for AOA trustee

William T. Reynolds, O.D., has filed for election to the AOA Board. Dr. Reynolds has a long history of service to optometry on the state, regional and national levels. His dedication to the profession resulted in him twice being awarded the Kentucky Optometric Association (KOA) OD of the Year, in 1998 and 2011. He was also a three-time winner of the KOA President's Award and was instrumental in passing the Children's School Entrance Eye Exam Law in 2000 and the Better Access to Quality Eye Care bill in 2011.

Dr. Reynolds has been active in the KOA for more than 20 years. During his tenure he has held many positions, including Congress chair, treasurer, Education Committee chair, and PAC chair. He served as president of the KOA in 2001-2002. He has also chaired the Kentucky Optometric Medicaid Technical Advisory Committee and served as president of the Kentucky Vision Project (VISION USA). He

was legislative chair for the KOA and was heavily involved in legislative issues concerning children's vision, access and scope expansion. He is currently vice president of the Kentucky Board of Optometric Examiners and Legislative Keyperson to state legislators as well as U.S. Rep. Ben Chandler and Kentucky Gov. Steven Beshear.

Dr. Reynolds has served as a trustee on the SECO board and was a volunteer on the Congress Committee.

On the federal level, Dr. Reynolds has worked with several states across the country lobbying for universal school entrance eye exams for children. He served on the AOA Pediatrics and Binocular Vision Committee and spoke at the AOA's School Readiness Summit. He serves on the AOA State Government Relations Center Executive Committee and has assisted states in legislative strategies, building grassroots networks, establishing effective keyperson systems, and political budgeting.



Dr. Reynolds is an adjunct faculty member at Southern College of Optometry and Pennsylvania College of Optometry at Salus University.

Dr. Reynolds has been clinical director for Kentucky Special Olympics Opening Eyes program and the clinical co-director of the St. Pius X Vision Clinic in Kingston, Jamaica.

Dr. Reynolds, his wife Ann, and their sons Will and Patrick live in Richmond, Ky. He is president and chief executive officer of Eye Care Center Optometrists PSC. He has been heavily involved in civic and community activities.

Quinn files for re-election to AOA board

Christopher Quinn, O.D., has announced his candidacy for re-election to the AOA Board of Trustees.

Dr. Quinn currently serves as the liaison trustee to the Advocacy Group Executive Committee, the Community Health Center Committee, the Federal Legislative Action Keyperson Committee, the Federal Relations Committee, the Legislative Action Response Committee, and the Professional Relations Committee.

He has previously served as liaison trustee to the Clinical Care Group, the Aviation Vision Committee, the Clinical Guidelines Coordinating Committee, the Ethics and Values Committee, the Eye Safety Committee, the Healthy Eyes Healthy People® Committee, the Medical Eye Care Committee, the Accreditation Council on Optometric Education and the Legal and Legislative Defense Fund Project Team.

He has served as chair of the AOA Hospital Practice Committee and was appointed chair of the Medical Eye Care Committee.

Dr. Quinn has served as a member on the AOA State Government Relations Committee, the New Technologies Committee, the Clinical Care Group Manpower Pool, the Federal Relations Committee, the Resolutions Committee, the Nominating Committee Task Force, the Fast Force Task Force and as a consultant to the Accreditation Council on Optometric Education.

He also represented the AOA on the American Medical Association Resource-Based Relative Value Update Committee's Health Care Professionals Advisory Committee.

Dr. Quinn is the principal author of the AOA's Optometric Clinical Practice Guideline on Care of the Patient with Conjunctivitis.

He also serves on the editorial board for the *Review of Optometry*, *Primary Care Optometry News*, and *Optometry Times*.

He has served as president of the New Jersey Society of Optometric Physicians (NJSOP).

Among his many awards, Dr. Quinn was named the NJSOP Optometrist of the Year in 1993 and awarded the E.C. Nurock award, NJSOP's highest symbol or recognition in 2008. He has also received the NJSOP Distinguished Service, Scientific Achievement, Communications and Presidents awards.

Dr. Quinn is founder and president of Omni Eye Services of New Jersey, a regional optometric referral center where he started an optometric student extern program that has included eight schools and colleges of optometry.

Dr. Quinn lives with his wife of 29 years, Susan, and has two children, ages 24 and 21. He enjoys golf, skiing, cycling and sailing.



Munson files for president-elect

Mitchell T. Munson, O.D., has filed for election to the AOA Board of Trustees as president-elect. Dr. Munson was first appointed to the AOA Board of Trustees in 2006.

He currently serves as vice president and liaison trustee to the Third Party Center Executive Committee.

He has served as chair of the Finance Committee, Constitution and Bylaws Committee and the Optometric Membership Database Project Team and been a member of the AOA Executive Committee and Investment Committee. Prior to his service on the AOA Board, he spent 10 years as an AOA volunteer, where he served on the AOA New Technologies Committee, the Statutory Scope Committee and the Political Action Committee, acting as chair from 2003-2004.

Dr. Munson has received

appointments to the AOA Nominating Committee as both a committee member and as chair and has acted as sergeant-of-arms in the AOA House of Delegates.

Dr. Munson served on the Colorado Optometric Association's (COA) Legislative, Keyperson, Audit and Finance, and Long-Range Planning committees, was chair of the New Practitioner Program and founder of the Annual COA Golf Tournament.

In 1992, he was elected to the COA Board of Trustees and became president in 1995. The COA named him Young Optometrist of the Year in 1993 and Optometrist of the Year in 1996. The state association presented him the Distinguished Service Award in 2001.

Dr. Munson has served on the Vision West, Inc., Board of Directors and is a past president of the Southwest Council of Optometry.



Dr. Munson is a recipient of the Julius F. Neumiller Award in Optics presented by the American Academy of Optometry (AAO) and is a Fellow in the AAO.

Dr. Munson graduated from the Southern California College of Optometry in 1986. He is the founder of a three-doctor group practice in Highlands Ranch, Colo., which includes his classmate and wife of 26 years, Susan Brunnett, O.D. He is the proud father of three beautiful daughters and enjoys fly fishing, golfing, and classic cars in his spare time.

HHS awards more than \$700 million to CHCs

The U.S. Department of Health & Human Services (HHS) last month awarded \$728 million to build and expand community health centers (CHC). The new grant awards could include funding for up to 26 new or expanded CHC eye and vision clinics, according to the AOA Advocacy Group.

Last month's grant awards represent the second round of funding allocated under a CHC Capital Development – Building Capacity Program that was authorized under the federal Affordable Care Act. The act, which will provide federally qualified health centers with a total of \$11 billion over five years, includes a service expansion program of \$9.5 billion to provide expansion services with approximately one-third going to oral health, behavioral health, pharmacy, and vision care in CHCs.

The HHS Health Resources and Services Administration (HRSA) announced it would make new and expanded CHC vision clinics a priority when the grant program was announced (see *AOA News*, November 2010).

The AOA, the National Commission on Vision and Health (NCVH), the National Association for Community Health Centers (NACHC), and the Massachusetts League of Community Health Centers (MLCHC) have worked over the past decade to raise awareness of the importance of vision care among federal administrators, primary care associations and local CHC boards across the nation.

The AOA and the NACHC joined together to make vision care available in CHCs nationwide, using as a model a network of successful eye and vision clinics established in Boston-area CHCs by the New England Eye Institute (NEEI).

The HRSA received the applications for new or expanded CHC eye and vision clinics within months of announcing the grant pro-

gram. Many of the applications were filed with the assistance of a special AOA program instituted to help CHCs establish vision care services.

Until now, many grants under the 2010 Service Expansion Grant Program, including proposed new or expanded CHC vision clinics, had been held up by congress-

new grants will expand access to an additional 860,000 patients, according to the HHS.

Only about 10 percent of the nation's community

Building Capacity Program Grants during the remaining three years of the program.

Last month's development awards, listed by state, can be found at <http://tinyurl.com/2012CHCgrants>.

For more information on the HHS community health center program, visit <http://bphc.hrsa.gov/>.

A list of existing community health centers can be accessed at <http://findahealth-center.hrsa.gov>.

Additional information on optometric practice in CHCs, and the AOA's efforts to establish vision clinics in the centers, can be found on the AOA website CHC page (www.aoa.org/x6494.xml).

HRSA announced it would make new and expanded CHC vision clinics a priority when the grant program was announced.

The concept of comprehensive vision clinics in CHCs was favorably received by top HRSA officials during series of meetings with AOA representatives, arranged through the NCVH during 2009 and 2010.

sional funding authorization, according to Jan Cooper-Hagman, O.D., chair of the AOA Community Health Center Committee.

Community health centers now provide primary care to 20 million Americans. The

health centers today offer on-site eye or vision care, according to the AOA Advocacy Group.

The AOA Advocacy Group plans to work with additional CHCs to pursue Capital Development –

Reviews may target Medicare prepayment audits of ophthalmology procedure codes

By Rebecca Wartman, O.D.

A Medicare carrier medical review probe may be coming to your area soon.

The medical review department at Palmetto GBA, the A/B MAC for North Carolina, South Carolina, Virginia and West Virginia, recently announced it will perform a service-specific prepay probe review on outpatient ophthalmic claims. MACs in other areas of the nation will probably initiate similar prepay audits program for ophthalmic services in the near future, if they haven't done so already.

Optometrists and their billing staff must make sure all claims are filed properly by making sure all of the documentation required on claims is provided.

Practitioners should also watch for audit notices in the mail and be prepared to promptly provide any information required by auditors.

Practitioners have only a limited period of time to respond.

Remember these are prepayment reviews so the claim

will not be processed until the physician responds to the request to send their records to the carrier.

Here are some steps optometrists can take to help avoid audits and some advice on what to do should an audit notice be received.

Documentation

While only Palmetto GBA has publicly announced the specific ophthalmic service codes its auditors will be targeting, the list may provide some insight into the services other carriers around the nation will be watching:

1. CPT code 92235 Fluorescein Angiography with interpretation and report
2. CPT code 92004 Comprehensive Ophthalmological services, new patient
3. CPT code 92014 Comprehensive Ophthalmological services, established patient
4. CPT code 92012 Intermediate Ophthalmological services, established patient
5. CPT code 92083 Extended Visual field exami-

nation, unilateral or bilateral with interpretation and report

6. CPT code 92250 Fundus photography with interpretation and report

7. CPT code 92002 Intermediate Ophthalmological services, new patient

8. CPT code 92226 Ophthalmoscopy, extended with retinal drawing, subsequent

9. CPT code 92225 Ophthalmoscopy, extended with retinal drawing, initial

10. CPT code 92020 Gonioscopy

11. CPT code 92285 External ocular photography with interpretation and report

12. CPT code 76514 Ophthalmic corneal pachymetry, unilateral or bilateral

13. CPT code 92015 Refraction

All of these services are used within the typical optometric practice.

The proper documentation of these services is the primary concern for auditors. The documentation must be complete, has to clearly demonstrate the medical necessity of the procedure performed, and should fall

within the commonly accepted standards of practice.

Practitioners should carefully consider Medicare guidelines when deciding whether to report services with the general ophthalmic codes or the evaluation and management (E&M) codes, and then provide all of the documentation necessary to justify the coding used.

The 10 physical examination elements of an ophthalmologic E&M examination include:

- ❖ Confrontation visual fields
- ❖ Eyelids and adnexa
- ❖ Ocular mobility
- ❖ Pupils/iris
- ❖ Cornea
- ❖ Anterior Chamber
- ❖ Lens
- ❖ Intraocular pressure
- ❖ Retina (vitreous, macula, periphery, and vessels)
- ❖ Optic disc

When using E&M codes, be sure to select the proper level examination.

❖ A comprehensive examination consists of eight or more elements and always includes a fundus examina-

See Audits, page 8

Audits, from page 7

tion with the pupils dilated.
❖ An intermediate examination consists of seven or fewer of the specified elements.

Evaluation and Management (99201-99215) coding should be used when the service requires a minimum of ophthalmic examination techniques.

And refraction (92015) is never considered a part of the ophthalmic service and should not be charged, but it may be billed for denial purposes.

Anytime an additional

is the only service provided on that particular day, then only the testing should be billed.

Another examination code may be billed if other exam elements are separate from, and not a part of, the testing.

Practitioners need to review their documentation for all services provided for all patients.

One recommendation to ensure your records are properly completed is to review all your documentation at the

What ODs should know about Medicare audits

1. Audits are increasing in frequency.
2. Optometry is not immune to these audits.
3. Proper documentation is always required.
4. Never ignore an audit request.
5. Appeal any and all negative audit results.
6. Inform the state optometric association's Medicare Carrier Advisory Committee representative and third party committee as well as the AOA Third Party Center of any negative audit results.

test or service is indicated, the practitioner needs to write an order for this procedure in the assessment and plan. While the testing can be done on the same day or on another day, the order for the testing must be in place.

If the testing performed is the service being audited and it was performed on a different day from the order, be sure to submit a copy of the examination when the service was originally ordered.

Many of the special ophthalmic services require an interpretation and report to be written. This interpretation and report should be written in a separate section of the chart and not part of the body of the normal examination findings.

Interpretation and report can be written on a separate page in the chart. If the testing is provided on a different day from when the testing was ordered, and if the testing

end of day. Check that all findings, orders, procedures, assessment and plans are complete for each patient in the medical record.

Each patient encounter needs to have a chief complaint and details of the evolution of those complaints along with the medical, ocular, family and social histories properly completed, reviewed and/or updated.

All examination findings need to be clearly documented. Normal findings can be noted as simply "normal," but any abnormal findings need to be detailed to indicate the specific abnormalities.

All elements for the examinations must be completed to meet the coding standards for the chosen code.

Practitioners can find details on the requirements for billing various ophthalmic services on the provider-specific (optometry/ophthalmology) page of their local carrier website.

Signatures

Practitioners should be aware that Medicare carriers are also making a point of ensuring the physician signature is legible.

The signature is an important element that practitioners often forget, especially in a one-doctor practice.

Providers of services must be clearly identified in claims along with the date of service and the patient.

Documentation for each and every service should be signed and dated at the end of the service. And any other staff or practitioners adding information to the chart should initial and/or sign the examination as well.

Electronic signatures are permitted for electronic medical records. An office can keep an employee signature log and submit this with any audited claim or use an attestation statement if a signature was inadvertently omitted.

Practitioners should be able to review the options for signatures on their local carrier's website. A practitioner who has any doubt about the legibility of the signature on documentation should send in the signature log or an attestation statement.

When an audit notice is received

Once practitioners have received a prepayment review request, they have 30 days to send in the records, diagnostic test results, and any other information pertinent to the claim.

Always carefully review any records sent in for audit. If an error is found, the only proper way to correct an error is to add an addendum to the examination.

The addendum should be clearly written, dated and signed so there is no question when it was added. Ideally a practitioner would never need an addendum if the chart is carefully reviewed at the end

of the day to ensure completion.

Palmetto plans to post results of its audits on its websites. Another large Medicare carrier, Wisconsin Physician Services, already has. Other carriers may do the same.

If individual practitioners are found to have significant deficiencies in their documentation, those practitioners will receive one-on-one education to correct the errors.

The AOA Third Party Center has already received numerous reports of auditors across the nation denying payment for (what most practitioners would probably consider) well-documented and appropriately coded examinations and procedures.

Every practitioner must now be thorough in providing complete documentation for all services.

Documentation for each patient encounter must be properly signed by the practitioner with the date of the encounter and the patient clearly identified.

The new prepayment audits represent just one part of an overall effort to ensure greater accuracy in Medicare claim filing.

Across the nation, the Comprehensive Error Rate Testing (CERT) audits and Recovery Audit Program (RAC) audits are increasing. CERT auditors have been known to deny all claims presented for audit even with appropriate, complete documentation.

These audits can result in repayment requests that extrapolate the claims to cover the entire audit period and can result in recoupment demands of as much as \$900,000.

While practitioners typically have 30 days in which to respond to an audit request, the CERT and RAC auditors do not have a time limit in which to send the results.

The AOA Third Party Center Executive Committee has received reports of audit

results being returned 14 months after the requested claims have been submitted.

All practitioners have the right to appeal any negative audit decision they receive. However, there are many steps in the appeals process and practitioners must respond in a very short time period if they wish to begin an appeal and prevent the recoupment process from moving forward. Appeals can and should be made when a negative result is received.

History has shown that negative audit findings can be reversed on appeal.

However, the most practical course of action is for optometrists to make sure claims are filed correctly and properly documented in the first place.

The AOA and its affiliated state optometric associations are monitoring this new prepayment review program carefully to ensure optometrists are not improperly denied payment.

Practitioners are asked to report any audit notices they receive – as well as the results of any audits – to their state optometric association's Medicare Carrier Advisory Committee (CAC) representative and the AOA Advocacy Group.

Information can be relayed to CAC representatives by contacting the state optometric association.

Information regarding audits can be sent to the AOA Advocacy Group at RPeele@aoa.org.

AOA members can obtain information on proper coding through the association's Coding Today website (<http://aoacodingtoday.com>).

AOA Medical Records Consultant Chuck Brownlow, O.D., and the association's Ask the Coding Experts service are available to respond to specific questions from AOA members regarding the proper use of billing codes.

Coding questions should be directed to askthecodingexperts@aoa.org.



EYE ON WASHINGTON

AOA advocates continue to build on momentum gained from optometry's biggest advocacy day ever

In the weeks following optometry's biggest advocacy day ever, AOA-member doctors and students continue the important work of building new support in the nation's capital for AOA's pro-access,

Corps Improvement Act (H.R. 1195/S. 2192), as well as the Optometric Equity in Medicaid Act (H.R. 1219).

At the same time, attendees urged policymakers to ensure the new children's vision care essential health

Mike Kreidler, O.D., former member of Congress and Washington state insurance commissioner, spoke of his key role in implementing the new health overhaul law on the state level and spoke of the importance of fully implementing the Harkin Amendment, the Stabenow Amendment and the pediatric vision care essential health benefit.

Nancy Nielsen, M.D., Ph.D., senior adviser at the Center for Medicare and Medicaid Innovation, provided attendees with valuable information on the important work she and her federal agency colleagues are doing to develop new health care delivery and payment models.

Dr. Nielsen also encouraged ODs to get more involved in new care delivery models, such as Accountable Care Organizations.

"Optometry's growing national presence and prowess in Washington, D.C., is a direct reflection of the important and ever-expanding role that doctors of optometry play in the delivery of health care in America," said Ron Hopping, O.D., MPH, AOA president-elect.

"It gives me great hope for the future of our profession when I look back over the last few days and count the record number of AOA-member optometry students – more than 300 in all – here in attendance," Dr. Hopping added.

"Together, we extended our reach to nearly every House and Senate office. Now, the real work begins and we must again commit to sustaining our increased momentum and building new support for our pro-patient,

"Optometry's growing national presence and prowess in Washington, D.C., is a direct reflection of the important and ever-expanding role that doctors of optometry play in the delivery of health care in America."

pro-patient advocacy agenda.

Whether reaching out during breaks in the legislative calendar or using the AOA's Online Legislative Action Center to weigh-in directly with lawmakers, advocates are working hard to build on momentum gained during the record-setting AOA Congressional Advocacy and Third Party National Conferences.

Held April 1-3, the joint meetings brought together nearly 700 AOA-member doctors and students in Washington, D.C., to advocate for optometry's future. ODs and students also made the most of valuable conference time by meeting with the offices of nearly every lawmaker on Capitol Hill as well as with a number of top Obama administration officials.

Overall, hundreds of ODs and students urged their senators and representatives to formally support AOA-backed optometry-specific legislation now pending before Congress, including the National Health Service

benefit was defined as direct access to comprehensive eye exams and that the new provider non-discrimination safeguards of the Harkin Amendment and other AOA-backed provisions of the health overhaul law are fully and fairly implemented.

While the main focus on the conference was aimed at maximizing the valuable time spent advocating for optometry's future on Capitol Hill, optometry's frontline advocates at the joint conference heard directly from leaders on the forefront of efforts to implement the Affordable Care Act (ACA).

Steve Larsen, J.D., U.S. Department of Health & Human Services Deputy administrator and director of the Center for Consumer Information and Insurance Oversight, spoke of the leading role his office is playing in implementing much of the ACA and stressed that ODs could and should play a larger role in coming changes to health care payment and delivery.

Hopping meets with Sen. Boozman



AOA President-elect Ron Hopping, O.D., and U.S. Sen. John Boozman, O.D. (R-Ark.), recently sat down in the leading lawmaker's Washington, D.C., office to discuss issues of great importance to patients and the profession. A longtime AOA member, Sen. Boozman continues to champion expanded access to optometric eye and vision care, including through his initial sponsorship and ongoing support for the new Department of Defense/ Department of Veterans Affairs joint center aimed at ensuring better detection and treatment of combat-related eye and vision conditions.

pro-access agenda," he said.

For full coverage of the 2012 AOA Congressional Advocacy Conference, including video highlights, visit the AOA's Health Care Reform page at www.aoa.org/reform.

To watch an important post-conference video message from AOA President Dori Carlson, O.D., and Dr. Hopping, visit http://www.youtube.com/watch?v=ZS-JubS50vA&feature=player_embedded.

To learn how you can help support the ongoing work of optometry's grassroots army of concerned doctors and students, contact the AOA Washington office at 800-365-2219 or ImpactWashingtonDC@aoa.org.

Doctors and students are being asked to reach out to their U.S. senators and representatives by logging in to the AOA's Online Legislative Action Center at www.aoa.org/x4821.xml and take action.

Deadline nears for maximum Medicare EHR incentives

Health care practitioners have just a few months to ensure they earn the maximum possible payments through the Medicare Electronic Health Records (EHR) Incentive Program, according to the AOA Health Information Technology (HIT) Subcommittee.

In fact, they must act within the next 90 days, AOA HIT Subcommittee Chair Philip Gross, O.D., noted.

Under the Medicare EHR Incentive Program, health care practitioners can earn up to a total of \$44,000 (\$48,400 in federally designated health professional shortage areas) over the six-year life of the program if they install EHR systems that are certified for use under the program and achieve compliance with the program's EHR utilization criteria, known as "meaningful use" standards.

Health care practitioners can earn incentives for up to five years while the program is in effect.

The incentive program began in 2011 and runs through the end of 2016.

However, in order to realize the maximum total incentives, practitioners must enter the program during the first two years.

"That means optometrists who did not implement a certified EHR system and meet the meaningful use standards during 2011, must do so before the end of 2012 to achieve the maximum financial benefit," Dr. Gross said.

To qualify for Medicare EHR incentives during their first year of participation in

the program, practitioners must achieve compliance with the meaningful use standards over a 90-day reporting period. That means practitioners who wish to earn a first round of Medicare EHR incentives this year must install a certi-

first-year incentive payment, practitioners can earn up to \$12,000 for a second year of participation in the program, up to \$8,000 during their third year, up to \$4,000 during their fourth year, and up to \$2,000 in their fifth year.

in Medicare's Physician Quality Reporting System (PQRS) program.

❖ "EHR Software Selection and Implementation" is an entry-level HIT course for optometrists who plan to implement EHR technology in

participation in the Medicare PQRS or other quality reporting programs.

Optometrists should check with their respective state optometric associations to find out which Navigating with EHR courses will be offered during their meetings.

Demonstrations of EHR systems will be offered by leading software vendors following the courses at Optometry's Meeting®.

All three of the lectures are COPE-approved.

The AOA EHR Web page and courses have been developed as part of the AOA EHR Preparedness Program for Optometry, sponsored by Codex Techworks, Compulink, Eyefinity, First Insight, FoxFire Systems Group, Kowa, Marco, Practice Director (a division of the Williams Group), QuikEyes, and RevolutionEHR.

"Beginning in 2015, the CMS may reduce Medicare payments for physicians who are not meaningfully using EHRs in 2013."

fied EHR and achieve meaningful use by about Oct. 1, Dr. Gross said.

Federal officials generally estimate practitioners need about 90 days to select and implement an EHR system.

"That means practitioners who want to earn the maximum potential incentives need to act now," Dr. Gross said.

Federal law authorizes first year payments of up to \$18,000 for health care practitioners who enter the Medicare EHR Incentive Program in 2011 or 2012.

That maximum first-year payment drops to \$15,000 for those who enter the program in 2013, and then to \$12,000 for those who enter in 2014.

Health care practitioners must register for the Medicare EHR incentive program no later than the end of 2014.

In addition to reducing the maximum amount they can earn during their first year in the incentive program, practitioners who enter the program after 2012 will reduce the number of years during which they can qualify for incentives.

After earning an initial,

However, federal law stipulates no incentive payments can be made under the program after 2016.

"That means health care practitioners who enter the program in 2013 will effectively deny themselves the opportunity to qualify for a fifth incentive payment; practitioners who wait until 2014 will deny themselves their last two potential payments," Dr. Gross said.

AOA resources

A list of Certified EHR Programs for Optometrists is available on the AOA website EHR page (www.aoa.org/ehr).

The AOA EHR Web page lists the Medicare EHR program's 25 meaningful use objectives (with 15 required or "core" objectives and 10 "menu" objectives, from which practitioners can select five).

The AOA's "Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs" courses will be offered this month at Optometry's Meeting® and at a half dozen state optometric association meetings before the end of this year.

The three two-hour classes are designed to provide the specific HIT guidance practitioners need, whether they are just now planning to initiate EHRs in the office, implementing basic HIT functions such as e-prescribing, hoping to earn substantial Medicare or Medicaid incentive payments by meeting government standards for the "meaningful use" of EHRs, or planning to use HIT to facilitate participation

the coming months.

❖ "EHR Incentive Programs and Meaningful Use Update" is a more advanced course for practitioners who have already implemented EHRs and are now preparing to take part in the Medicare or Medicaid EHR incentive program.

❖ "PQRS and e-Prescribing Made Easy" explains how EHR systems can facilitate

By the numbers

Program rules mean health care practitioners who implement certified EHRs and meet meaningful use standards during 2012 can still potentially qualify for a maximum five-year total of \$44,000 (consisting of payments of \$18,000 for 2012, \$12,000 for 2013, \$8,000 for 2014, \$4,000 for 2015 and \$2,000 for 2016).

For practitioners who enter the incentive program during 2013, the maximum incentive total will effectively be reduced by \$5,000 to \$39,000 (consisting of payments of \$15,000 in 2013, \$12,000 in 2014, \$8,000 in 2015, and \$4,000 in 2016).

Health care practitioners who wait until 2014 will see their maximum total reduced to \$24,000 (with potential payments of \$12,000 in 2014, \$8,000 in 2015, and \$4,000 in 2016).

"Beginning in 2015, the CMS may reduce Medicare payments for physicians who are not meaningfully using EHRs in 2013," Dr. Gross said. "Therefore, in addition to earning bonus payments now, all optometrists should consider implementing EHRs immediately to avoid Medicare payment reductions in the near future."

Medicare EHR incentives are set at 75 percent of the practitioner's total Medicare approved payments for the year, up to specified limits.

To help ensure receipt of the maximum possible bonuses under the Medicare EHR incentive program, the AOA HIT Subcommittee recommends optometrists register for the program online as soon as possible using the Medicare EHR Incentive Program Registration and Attestation System Web page (<https://ehrincentives.cms.gov>).

Health care practitioners need not have a certified EHR system in place to register for the program, the U.S. Centers for Medicare & Medicaid Services emphasized.

Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs

AOA affiliate

Indiana
Mississippi
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California
Arizona

EHR course date

July 11, 2012
Aug. 25, 2012
Sept. 29, 2012
Oct. 13, 2012
Nov. 9-10, 2012
Dec. 8-9, 2012

Hacker breaches UH optometry clinic database

Officials at the University of Houston (UH) College of Optometry are working with local law enforcement and the Federal Bureau of Investigation (FBI) to identify a hacker who apparently breached the security of a computer at one of the college's neighborhood eye clinics on Feb. 23 and deleted the records of 7,000 patients.

Staff at the La Nueva Casa de Amigos Eye Clinic, just north of downtown Houston, are now at work restoring the 7,000 deleted records and say, as of yet, there is no evidence the patient information has been used for illicit purposes, such as insurance fraud.

"The University of Houston and the College of Optometry take privacy issues regarding health information and other personal data very seriously and are engaged in a careful review of this matter," the university said in officially announcing the breach on its website April 24. "The university is not aware of any wrongful use of the information, and there is no evidence that the patient records were in fact viewed or copied."

The breach was limited to a single computer. No other clinic or university systems were affected. The hacker attacked the computer from outside the United States, according to *TheDailyCougar.com*, the university's online campus newspaper. University officials say that, in line with federal regulations governing the security of electronically maintained patient information, they have notified all 7,000 individuals whose records were lost in the incident. The records included health information, contact information and other personal information, but do not include social security, credit card or driver's license numbers, according to the university. However, university officials are encouraging patients affected by the breach to take steps to protect themselves from identity theft.

UH information technology personnel implemented immediate network and system configuration changes in response to the incident, according to the university. The UH utilizes a sophisticated array of security systems to protect its campus databases, according to Mary Dickerson, chief information security officer for UH and the UH system. However, because the clinic is outside the university campus, some, but not all, of those systems were used on the clinic's computer.

University officials delayed publicly announcing the security breach until an investigation could accurately determine the extent of the data compromised and the required patient notification process was undertaken.

Entities covered by the federal Health Insurance Portability and Accountability Act (HIPAA) must report any improper access to data that is considered "protected health information (PHI)" under the act, to affected patients, and in the case of a security breach involving more than 500 patients, to the U.S. Department of Health & Human Services' (HHS) Office for Civil Rights (OCR) and the news media. Health care entities are also required to annually report a summary of all security breaches, of any size, to the HHS. The Federal Trade Commission has companion requirements that apply to entities not covered by HIPAA. Reporting of security breaches is not required if the electronic data is considered to be "secured" under the HHS regulations. That is generally understood to mean data that is encrypted, according to the AOA Advocacy Group.

The UH took the additional step of establishing a toll-free telephone line through which affected patients can obtain information regarding the security breach.

Additional information on the federal requirements for the reporting of security breaches in health care practices is available on the HHS Office for Civil Rights website (www.hhs.gov/ocr/privacy).

THE FUTURE OF OPTOMETRY IS NEAR.



Medicare issuing separate 10% EHR bonuses to HPSA practitioners

Health care practitioners who qualified for Medicare Electronic Health Records (EHR) Incentives last year while practicing in federally recognized Health Professional Shortage Areas (HPSA) will be getting an

in HPSAs were to receive additional 10 percent bonuses, in the form of a separate payment, by April 30.

“Bonus payments for EPs (eligible professionals) who practice predominantly in a geographic Health Professional Shortage Area

and many more optometrists are receiving lesser amounts, according to the AOA Advocacy Group.

The CMS estimates 4,200 eligible professionals have received Medicare EHR HPSA Bonus Payments, totaling an esti-

tional 10 percent bonus means HPSA practitioners, who enter the EHR Incentive Program during the first two years (2011, 2012) while the maximum bonuses are available, stand to receive pay-

ments totaling \$19,800.”

AOA members can find additional information on the Medicare EHR Incentive Program on the AOA website EHR page (www.aoa.org/ehr).

“Many optometrists practice in health profession shortage areas and the 10% HPSA bonus represents another good reason for them to implement EHRs and take part in the incentive program as soon as possible.”

additional bonus payment for their participation in the program – that is, if they haven’t received it already, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Medicare practitioners who qualified for EHR incentives during 2011 should have received bonus payments, equaling 75 percent of their total Medicare allowed charged for the year (up to a maximum payment of \$18,000), by the end of May, according to the CMS.

Qualifying practitioners

(HPSA) will be made as separate lump-sum payments no later than 120 days after the end of the calendar year for which the EP was eligible for the bonus payment,” according to a post on the CMS website.

HPSA practitioners should watch their mail or bank statements to make sure they receive – or have received – both payments, the AOA Advocacy Group advises.

More than 1,400 optometrists have received the full \$18,000 EHR bonus

mated \$7 million.

The CMS has not released specific data on the number of optometrists receiving the additional 10 percent HPSA payment.

“Many optometrists practice in health profession shortage areas, and the 10 percent HPSA bonus represents another good reason for them to implement EHRs and take part in the incentive program as soon as possible,” said Philip Gross, O.D., chair of the AOA Health Information Technology Subcommittee. “The addi-

AHAF campaign promotes eye exams with AOA ODs

As part of Healthy Vision Month, the American Health Assistance Foundation (AHAF) vision programs—Macular Degeneration Research and National Glaucoma Research—kicked off the “See a Better Tomorrow” campaign, during which patients are encouraged to schedule a comprehensive eye exam and learn ways to protect against vision loss. The foundation’s website, www.ahaf.org/SeeABetterTomorrow, refers visitors to the AOA’s Dr. Locator to assist with scheduling exams.

This year’s campaign features a range of communications activities and promotions, including:

- ❖ Public service announcements for radio and television
- ❖ A “See a Better Tomorrow” photo contest
- ❖ Webpages with wider-ranging glaucoma and macular degeneration materials
- ❖ Publications and fact sheets, including

healthy vision tips

- ❖ Emails with research news and new materials
- ❖ A new video series on macular degeneration
- ❖ A doctor locator, to help people make eye exam appointments with AOA optometrists
- ❖ A Q&A with an international expert on the state of macular degeneration research
- ❖ Social networking
- ❖ Ecards to remind loved ones to get eye exams.

The campaign is expected to reach tens of millions of impressions and AOA members are encouraged to participate.

Visit www.ahaf.org/SeeABetterTomorrow for an extensive set of resources, including publications, fact sheets, and informative audio and video segments, or call 800-437-2423.



LETTERS

Borish shared vision of future of health care

Editor:

I recently read your article regarding the death of the great Dr. Irvin Borish. I, as a staff writer for the *Opti Courier*, and my wife, Lillian, had the privilege of interviewing him. His birthday was on January 21, and in 1998, on that very date, we met him in his home near Boca Raton, Fla. Many facts have been published about his life and times, but I feel compelled to reveal some of his thoughts that hitherto might never have seen print.

Dr. Borish predicted that health care would no longer be delivered in the traditional, completely personal, service mode. He had a concept that he had been promoting for years. “Grouping and merging is the answer,” he exclaimed.

The problem is best summed up by the following, priceless, story recounted to me by Dr. Borish.

“The mayor of a small town in Maine was showing an out-of-town friend the sights of his local countryside. The friend commented

that he noticed that there was no sign of people in the town offices, schools and stores. The mayor explained that it was time for the potato crop to be picked. It seems that the one industry and product of the town was growing potatoes, and at harvest time everyone participated. The mayor also offered that since potato crops were very unprofitable, the town was very poor and desperate. So a few years ago they sought advice from the state capital department of agriculture. An agent examined the soil and advised that the climate and soil were perfect for growing broccoli. And it would be very profitable to grow broccoli since they would harvest three crops each season.

Confused, the friend said, ‘I don’t see any broccoli fields. What happened? Why aren’t they growing any broccoli?’ The mayor responded, ‘Because it gets in the way of growing the potatoes.’”

Sincerely,
Elmer Friedman, O.D., past editor of the *Pennsylvania Optometric Association Journal*, past president of the Optometric Editors Association

Send letters to:
Editor, AOA News
243 N. Lindbergh Blvd.,
St. Louis MO 63141
TLOverton@aoa.org

The AOA News reserves the right to edit letters submitted for publication.

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Awards,

from page 1

to September 1984, serving as staff optometrist and later as head of the Optometry Department. From September 1984 to August 1987, he served as head, Optometry Department, U.S. Naval Hospital, Rota, Spain.

Rear Adm. Mittelman then transferred to the Naval Aerospace Medical Institute, Pensacola, Fla., where he served as head of the Optometry Department and became the first optometrist designated as an aerospace optometrist in 1989. In 1993, he assumed the duties of deputy director of Research at the Naval Aerospace Medical Research Laboratory, Pensacola. He then reported to Naval Hospital Great Lakes, Ill., in October 1995 where he held the position of head of the Recruit Medicine Department and also served as the commanding officer of Fleet Hospital Three.

In July 1997, he assumed command of the Naval Ophthalmic Support and Training Activity, Yorktown, Va. While there he facilitated the establishment of the Department of Defense Optical Fabrication enterprise. In July 2000, Rear Adm. Mittelman assumed command of U.S. Naval Hospital Okinawa, Japan. Following that assignment, he served as the executive assistant to the Surgeon General of the Navy until August 2004. He was then assigned as a special assistant to the Surgeon General at Headquarters, U.S. Marine Corps.

Rear Adm. Mittelman then served as the deputy chief of staff, Human Resources Bureau of Medicine and Surgery through September 2008. He served as the director, Medical Resources, Plans and Policy Division office of the Chief of Naval Operations from August 2007 to September 2008 and served at the 15th director of the Medical Service Corps from August 2006 to October 2009.

He then served as the

command surgeon U.S. Joint Forces Command and medical adviser to the Commander, Supreme Allied Command for Transformation (NATO) from November 2009 to August 2010. Prior to reporting to his current assignment, Rear Adm. Mittelman served as the Command Surgeon, U.S. Pacific Command. In November 2011, he reported as Deputy Surgeon General of the Navy and Deputy Chief, Bureau of Medicine and Surgery.

Rear Adm. Mittelman is associate fellow of the Aerospace Medical Association. He is also a fellow of the American College of Healthcare Executives and a diplomate of the American Academy of Optometry. He is a past president of the Armed Forces Optometric Society and recipient of its Orion Award.

Optometrist of the Year Award

Dr. Melvin Shipp is a 1972 graduate of Indiana University School of Optometry. He received his Master of Public Health from Harvard University in 1980 and his Doctor of Public Health from the University of Michigan in 1996.

Dr. Shipp served in the U.S. Navy on active duty from 1972-1976 as chief of Optometry Service in Port Hueneme, Calif. He continued to serve in the Naval Reserves in many capacities, including optometry officer, commanding officer and professional school liaison officer until 2001.

Since 2004, Dr. Shipp has served as dean of The Ohio State University College of Optometry. He was previously a professor and assistant dean for Clinical Services/ director of Clinics at the University of Alabama at Birmingham.

Dr. Shipp is currently the president of the American Public Health Association. He is the first optometrist to



Melvin Shipp, O.D., Dr.PH, MPH

serve in this position.

Dr. Shipp is a past president of the Association of Schools and Colleges of Optometry and served as a member of the national board of directors of Prevent Blindness America. Dr. Shipp is also a member of the National Optometric Association (NOA) and served as chair of the continuing education committee twice. He is currently a member of the National Board of Examiners in Optometry.

Dr. Shipp has been a reviewer and/or editorial board member for many publications, including the *Optometry: Journal of the American Optometric Association*, *American Journal of Public Health*, *Optometry and Vision Science*, *Evidence-based Eye Care*, and *Southern Journal of Optometry*.

He has also authored more than 60 journal articles, publications, and abstracts. Dr. Shipp has given more than 50 presentations nationwide as an invited speaker, keynote speaker, and continuing education speaker.

Dr. Shipp is an inductee in the National Optometry Hall of Fame, received the American Academy of Optometry Koch Medal, the National Optometric Association Founder's Award, the NOA Optometrist of the Year Award and the American Optometric Student Association Teaching Award for Excellence in Clinical Instruction. Throughout his career, Dr. Shipp has received more than 25 awards and hon-

ors.

Dr. Shipp resides in Powell, Ohio, with his wife, Michelle Shipp, M.D., Dr.PH. They have two daughters.

Young Optometrist of the Year Award

Dr. Chris Wroten graduated *summa cum laude* from Southern College of Optometry (SCO) in 2002 and then completed a residency in hospital-based primary eye care at the Memphis Veterans Affairs Medical Center.

He practiced at West Tennessee Eye in Memphis for several years before returning to Louisiana in 2005 to join what is now the Bond-Wroten Eye Clinic, a multi-location group practice. Dr. Wroten founded the clinic's residency in family practice optometry, for which he serves as residency supervisor, in addition to creating and overseeing its externship programs. He holds adjunct faculty appointments at SCO and the University of Incarnate Word – Rosenberg School of Optometry.

Dr. Wroten has served as vice president of the West Tennessee Optometric Society, president of the Southeast Louisiana Optometric Society, and in every elected office in the Optometry Association of Louisiana (OAL), including two terms as OAL president. He is co-chair of the OAL Education Committee, continues to serve on numerous other committees, is the keyperson for several state



Chris Wroten, O.D.

legislators, and has been an instrumental part of numerous legislative victories for organized optometry in Louisiana.

He is also an active member of the AOA, serving or having served on the AOA's Federal Relations Committee, Drive for 65 Campaign, Nominating Committee, Eye Care Workforce Study Expert Panel, and Resolutions Committee, in addition to numerous years of involvement in the AOA Congressional Advocacy Conference and as a delegate to the AOA House of Delegates.

Dr. Wroten was the first optometrist appointed to the Louisiana Emergency Response Network Board by the governor of Louisiana, as well as to the Bayou Health Quality Assurance Committee, which oversees Louisiana's Medicaid managed care programs. He is also a multi-term president of the Board of Directors for Child Advocacy Services, sits on the Alumni Council at SCO, and serves on the Board of Directors for the Hayes Center for Practice Excellence.

Dr. Wroten has given numerous continuing education and community lectures, published many eye care articles, and presented posters at national optometric conferences, in addition to participating in clinical research and pharmaceutical drug trials.

In 2011, Dr. Wroten was named the recipient of both the OAL's Young Optometrist of the Year Award and SCO's Young Alumnus of the Year Award. In 2012, he was also recognized with the Southern Council of Optometrists Young OD of the South Award.

In practice, Dr. Wroten serves as the Bond-Wroten Eye Clinic's chief operations officer, in addition to provid-

See Awards, next page

Awards, from previous page

ing primary eye care services and overseeing the clinic's educational programs. He is also an InfantSEE® provider and works closely with his local Lions clubs as a volunteer.

Dr. Wroten is married to Sarah Wroten, O.D., and they have two children, Emily and Ben.

Optometric Educator of the Year Award

Dr. Tony Carnevali spent 20 years in private practice after graduating from the Southern California College of Optometry (SCCO) in 1975. In 1995, he became a full-time faculty member at SCCO and launched a new chapter in his career dedicated to educating future optometrists.

Over the years, Dr. Carnevali has become a leader in optometric education. He is a tenured associate professor and is an instructor in ethics and on state laws relating to the practice of optometry, has acquired extensive experience in delivering full-scope optometric services, and mentors students by providing career guidance and counseling.

Dr. Carnevali was also the director of the Optometric Center of Los Angeles until August 2011, an SCCO facility that provides vision and health care to an underserved community. More than half of fourth-year SCCO students rotate through the center, providing free or low-cost eye health

care each year to thousands of patients in need.

As a special consultant to the California Department of Consumer Affairs, he wrote the comprehensive report that became the foundation for guidelines adopted by the California State Board of Optometry that permits California optometrists to receive training and become

glaucoma certified.

Dr. Carnevali served as president of the California Optometric Association (COA) in 1991-1992 and is currently the president of the Public Vision League, the litigative arm of the COA.

Dr. Carnevali has been recognized with many awards and honors, including COA Young Optometrist of

the Year (1981), Commendation of Service from the City of Los Angeles (1995), Lion's Club Kiyoshi 'Kay' Iizuka Award (1998), COA Optometrist of the Year (2000), SCCO Distinguished Alumnus of the Year (2001), SCCO First Century Honoree (2004), the SCCO Dr. Walter Chase Faculty Teaching Excellence Award

(2005), and the COA Excellence in Optometric Education Award (2012).

Dr. Carnevali and his wife, Fran, have three children, Amanda, Giancarlo and Linda.

See Awards, page 26




Tony Carnevali, O.D.



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References: 1. Alcon data on file, 2009. 2. In a survey of 203 optometrists in the U.S.; Alcon data on file, 2011. 3. Based on the ratio of lens oxygen transmissibilities; Alcon data on file, 2009, 2010. 4. Dumbleton K, Richter D, Woods C, et al. Compliance with contact lens replacement in Canada and the United States. *Optom Vis Sci.* 2011;87(2):131-139. 5. Compared to 2-week replacement lenses; based on self-reported lens replacement times and third-party industry pricing information; Alcon data on file, 2012.

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Time is running out to select the sessions of your choice at Optometry's Meeting®

From 3-D symposiums to interactive sessions, from breakfast and lunch educational sessions to hours of continuing education, Optometry's Meeting® 2012 sets a new standard for cutting-edge presentations and events. So it should be no surprise that interest in these programs has been exceptionally high — and with seats being limited, many are already close to capacity.

That's why now is the time not only to register for Optometry's Meeting® attendance and housing, but also for the sessions that interest you most. While there will be on-site self-registration kiosks available starting June 27 at the Hilton Chicago and Palmer House Hilton hotels and starting June 28 at McCormick Place, some sessions may already have reached seating capacity by then.

Complimentary Breakfast Symposiums

Our popular breakfast symposiums are rapidly filling up, so you'll want to reserve your seat as quickly as possible.

Space is still available in the following courses you won't want to miss. Register now to join our generous sponsors for these free-to-attend events:

❖ Course B101 – “Creating a Comfortable Eye Care Experience for a Diverse Patient Base.” This symposium provides strategies that eye care professionals can use during each stage of the eye care experience to enhance patient communication and comfort, and to demonstrate their commitment to culturally appropriate vision care. *Supported by an unrestricted educational grant from Transitions.*

❖ Course B102 – “Daily Disposable Contact Lenses: Offering Patients the Ultimate in Comfort & Convenience.”

Daily disposable lenses represent one of the fastest-growing segments of the contact lens market in the United States. Gain a clear understanding of the benefits of daily disposable lenses and how to present this valuable option to patients in a compelling way.

Supported by an unrestricted educational grant from Bausch + Lomb.

Pharmaceuticals.

❖ Course B202 – “Clinical Pearls for Managing Glaucoma and Retinal Disease Using OCT.” Optical coherence tomography (OCT) is an exciting imaging technology that has revolutionized our understanding of macular disease and has emerged as an important tool in the management of glaucoma. Spectral



Examples of patient images will be shown and compared to more traditional forms of imaging, including widefield imaging and OCT. Discus-

course is designed to provide a better understanding of what these needs are and how to solve them. Presented by Chuck Aldridge, O.D., and Melanie Denton, O.D.

❖ Lunch Symposium – “Overview of Lastacraft® (alcaftadine ophthalmic solution) 0.25%.” Featured speaker: Mark Dunbar, O.D.

“Overview of Restatis® (Cyclosporine Ophthalmic Emulsion) 0.05%.” Featured speaker: Marc Bloomenstein, O.D. *Sponsored by Allergan* Noon – 1 p.m. – McCormick Place West (register for 0150).

❖ Lunch Symposium – “Expert Forum: Building Successful Practices Through Patient Referrals.” *Sponsored by Vistakon®.* Noon – 1 p.m. – McCormick Place West (register for 0160). Panel discussion leader: Lee Ball, O.D. This program will feature optometrists who have built successful practices by having happy patients as a core foundation of their success. These optometrists will share their experiences with contact lenses to help build a successful practice with happy patients who are loyal to their practice, referring others and returning in the future.

Also new this year with limited space still available are two Saturday Lunch Symposiums that provide a convenient setting to catch up on what's new. Space is limited, so be sure to register early for either session.

❖ “Tips to Maximize your Multifocal Soft Lens Fitting Success” will describe the various multifocal soft contact lens options for presbyopic patients. There will be a discussion of the features of these multifocal designs and an

See Optometry's Meeting® page 42

Also new this year with limited space still available are two Saturday Lunch Symposiums that provide a convenient setting to catch up on what's new.

❖ Course B103 – “Innovations in Sight: Electronic Lens Technology.” You will learn about the latest technologies in optical, including electronic optics. The history of development, how the technologies work, optimal patient selection, what to present to patients, and how to best implement these new technologies will be discussed. Electronic eyewear has the potential to revolutionize how we practice, and gaining knowledge of these technologies could greatly benefit your practice and your patients. *Supported by an unrestricted educational grant from Pixel Optics.*

❖ Course B201 – “The Role of NSAIDs in Ocular Therapy.” Non-steroidal, anti-inflammatory medications (NSAIDs) play a vital role in the management of pain and inflammation. This course will help you to understand their history, applications, and how to most effectively treat various ocular diseases where NSAIDs play a key role in the management of pain and inflammation. This insightful lecture will help you know which therapeutics to use in various disease processes and when NSAIDs may or may not be an ideal accompaniment or essential therapy. *Supported by an unrestricted educational grant from ISTA*

domain technology has taken us to even greater heights. This lecture will provide a nuts and bolts approach using cases to understanding and interpret the OCT as well as provide an update on the latest in spectral domain technology. *Supported by an unrestricted educational grant from Carl Zeiss Meditec.*

❖ Course B203 – “Doctor-Driven Dispensing.” This symposium assists the optometrist with prescribing and recommending the vision corrections that will meet each patient's vision and lifestyle needs. *Supported by an unrestricted educational grant from Transitions.*

❖ Course B301 – “Corneal Staining: Fact or Fiction in the Contact Lens Practice and Beyond.” What are you really looking at when you put a stain on a contact lens patient's eye? Is it a real disease or is it an artifact? Can it give me insights into the fitting of the contact or confuse matters? This course will shed light on the fluorescence of the corneal stain on contact lens patients. *Supported by an unrestricted educational grant from Bausch + Lomb.*

❖ Course B302 – “Fundus Autofluorescence and its Practical Applications.” This course will discuss the basics of fundus autofluorescence and how it can be used.

sions of the findings will demonstrate why this now accessible technology is practical and will change patient management. *Supported by an unrestricted educational grant from Optos.*

❖ Course B303 – “Medical Management of Ocular Surface Disease.” This course reviews the differential diagnosis of various presentations of ocular surface disease. This progressive condition can be managed with targeted treatment for the underlying causes of dry eye. Strategies for effective clinical decision-making and treatment will be discussed. *Supported by an unrestricted educational grant from Allergan.*

Learn while you lunch

Don't miss the opportunity to enjoy lunch with some of our sponsors during Thursday's Lunch Symposiums.

❖ Lunch Symposium – “Medical Management of the Presbyopic Patient.” Sponsored by Alcon. Noon – 1 p.m. – McCormick Place West (Register for 0140)

The baby boomers are here! And their arrival means your practice has tremendous opportunities if you can properly manage the needs of these presbyopic patients. This

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In an industry full of competition, isn't it comforting to know that the AOA continues to work diligently to ensure their members are afforded the most comprehensive malpractice insurance available? We're pleased to announce enhancements to the only malpractice insurance program endorsed by the AOA, the AOA Insurance Alliance: lower rates, more options to meet the needs of how you practice, and you can now buy your General Liability insurance online, too. What remains is our unprecedented full scope of practice coverage in your state and diligent oversight of the insurance carrier to ensure fairly established premiums for AOA members.

This year, as your malpractice insurance comes up for renewal we invite you to place your trust in us. Visit our new enrollment center at www.aoainsurancealliance.com to get a quote and secure your coverage. Our simple online enrollment process makes it easy. Our broad coverage, expertise and compassionate claims service make us your trusted choice.

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Benefits,

from page 1

be considered an ancillary benefit.

In addition to the presentation, the Third Party Center team exhibited in the main

exhibit hall and talked to health plan and benefits executives about the importance of integrating the eye health benefit into the health plan.

Dr. Montaquila was joined by AOA Third Party Center Director Lendy Pridgen, committee member David Talley, O.D., and Mark

Marciano, O.D., of the Florida Optometric Association. Nidek Inc. provided a retinal camera for use at the booth.

Optometry Campaign, optometry can demonstrate that it's part of the solution to the nation's health care crisis. Optometrists offer bet-

ter outcomes, improved quality of care, direct provider access and cost savings. Optometrists provide 70 percent of all eye care services in the United States and

practice in more than 6,500 communities. In more than half of those communities they are the only source of eye care. The campaign is centered on demonstrating the value of optometric services, the costs associated with a poorly designed delivery system, and the benefits of employing a practical approach to problem-solving.

Integrating eye care benefits into third-party plans is best for payers, purchasers and patients.

With a focus on current marketplace trends and analysis of issues facing optometry, the benefits are very tangible.

As part of the analysis, the center authorized a study of claims paid and quantified the value of services provided by optometrists.

The results showed a vast savings when comparing patient encounters with ODs to those with emergency departments or primary care physicians.

Diverting non-emergent care from emergency depart-

ments to primary eye care settings could have saved third-party payers more than 90 percent during the four-year period included in the study (2006 to 2009).

"Both the Florida Health Management Decisions, Inc. study and the AOA-commissioned research conducted by Solucia/ SCIOinspire demonstrate the benefits of including optometrists on medical panels and of encouraging patients to utilize our services," said Dr. Montaquila.

"Optometric offices are clearly the right setting for receiving the right eye care at the right time. By providing medical eye care services in our offices rather than in more expensive emergency department settings, we not only provide a higher quality of overall care in a convenient setting, but also offer significant savings to both patients and health plans."

In future studies, the campaign will target research on the cost savings from drugs incorrectly prescribed and the cost implications of early detection of systemic disease.

For more information, contact Lendy Pridgen at lpbridgen@aoa.org or call 703-837-1011.

"By providing medical eye care services in our offices rather than in more expensive emergency department settings, we not only provide a higher quality of overall care in a convenient setting, but also offer significant savings to both patients and health plans."

Patient Access to Optometry Campaign

Through the Third Party Center's Patient Access to

Advancing Optometry Worldwide

AOA members asked to help advance optometry worldwide

AOA members are invited to register for the World Council of Optometry's next conference and share their knowledge to help optometrists from around the world improve the scope of practice in their countries.

Optometrists from more than 20 countries have already registered, with delegates from Australia, Ghana, Japan, Spain and many places in between ready to come together to learn, share and network and make this a truly international event.

The conference – called Advancing Optometry Worldwide – will take place in Chicago in the days leading up to Optometry's Meeting® from June 24-26 at the Renaissance Blackstone Hotel.

Despite its international appeal, this conference is sure to be of interest on a national level to American optometrists. On the program is Lee Ball, O.D., associate director, Professional Affairs, Vistakon, Johnson & Johnson Vision Care, Inc., who will present on managing diabetes to ensure big rewards for your patients.

"Diabetes is increasing at an alarming rate, and increases in diabetes prevalence are not just an American phenomena, it's a worldwide phenomenon," said Dr. Ball. "If trends continue as they have over the past 10 years, the countries with the greatest number of people with diabetes will be

India, China, the USA, Pakistan, Indonesia and Mexico. Optometrists play an important role in diabetes prevention, in addition to safeguarding vision. Thanks to meetings like the WCO, we have an opportunity to come together and share best practices on ways to reduce the complications and comorbidities associated with this disease."

Delegates will also hear from speakers such as Professor Kovin Naidoo, African chair of the International Agency for the Prevention of Blindness (IAPB) and Global Programmes Director of the International Centre for Eyecare Education (ICEE); Pete Kehoe, O.D., past president of the AOA; Professor Thomas Freddo, University of Waterloo, Canada; and Clive Miller, chief executive officer of Optometry Giving Sight.

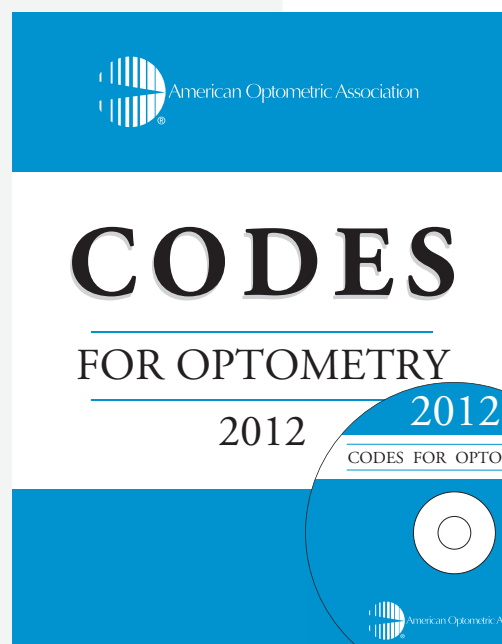
Advancing Optometry Worldwide is a fantastic chance to share experiences and learn from professionals from around the world, many of whom will be working in an environment different from yours with its own unique challenges, successes and opportunities.

Register at www.worldoptometry.org/registration. Become a Facebook fan at www.facebook.com/WorldCouncilOpt, download the program and get up-to-date news and announcements on Advancing Optometry Worldwide as they happen.



The Third Party Center team exhibited in the main exhibit hall at the World Congress 2nd Annual Leadership Summit on Ancillary Products and Voluntary Benefits and talked to health plan and benefits executives about the importance of integrating the eye health benefit into the health plan. From left, Mark Marciano, O.D., David Talley, O.D., Stephen Montaquila, O.D., and Lendy Pridgen.

NEW 2012 CODING BOOKS!



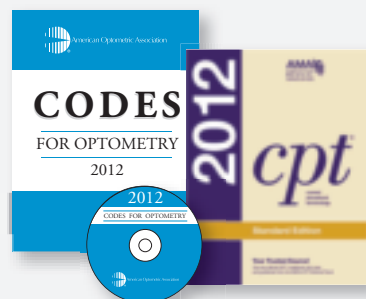
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– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant

The two-book set includes:

- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System

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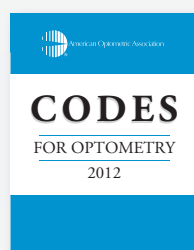
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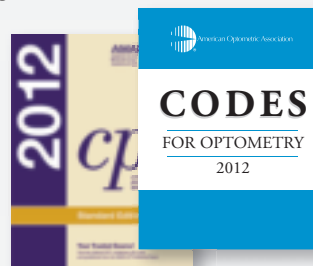
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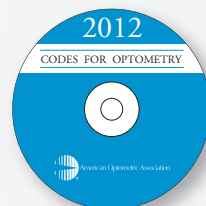
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Children's vision & learning campaign helps educate public about visual skills necessary for reading, learning

More states, schools, and teachers are being held accountable for poor readers, but no one is being held accountable for whether or not students have the visual skills necessary for reading and learning. As another school year winds down, more children are being left behind. More children continue to struggle with reading fluency (the ability to read text rapidly, smoothly, effortlessly, and automatically) and comprehension (the ability to understand the meaning or importance of what they've read).

When someone has difficulty seeing the print in a book due to any of a variety of correctable vision disorders,

reading fluency suffers. When a child is not able to follow along a line

Damari, O.D., president of the College of Optometrists in Vision Development

Typically vision screenings only test for visual acuity (how clearly letters can

proper vision care is crucial to helping students reach their full potential."

Fortunately, the majority of these vision disorders are very treatable.

COVD and the AOA are working together in the hopes that educators and parents will pay special attention to this year's August is National Children's Vision and Learning Month campaign.

To launch the 2012 campaign, COVD released a series of public service announcements (PSAs) to help raise awareness that vision problems can not only interfere with learning, but sports performance, and other activities of daily living. These PSAs also address vision problems that impact individuals who have autism spectrum disorders or those who have suffered a head injury.

"I am excited about these PSAs because it will help more people understand that a vision problem may be causing the struggles every day at school, or while doing homework, or with other activities of daily living," said Dr. Damari.

The PSAs can be downloaded at www.covd.org.

We are well into the 21st century, yet we still use a benchmark from the 1800s to determine if a child can see well enough to learn.

of print (eye tracking), or both eyes don't work together properly (binocular vision disorder), it is very difficult to read fluently.

"We are well into the 21st century, yet we are still using a benchmark from the 1800s to determine if a child can see well enough to learn. Standing 20 feet from an eye chart is not enough to adequately test children's vision," said David A.

(COVD),

Many children can pass school vision screenings or vision screenings at the pediatrician's office but still have one or more of a variety of vision disorders that impacts how their two eyes work together when they read. This is because vision screenings are not designed to test all 17 visual skills that are necessary for success in school.

be seen from a distance of 20 feet away), which is only one of these 17 visual skills.

While some pediatricians may tell parents vision has nothing to do with reading, their national licensing board, the National Board of Medical Examiners, uses optometrists as their consultants on visual disabilities because they have seen how disabling these visual conditions can be during academic activities such as reading, working on a computer, or taking tests.

Parents and educators need to be reminded that, according to President of the American Federation of Teachers Randi Weingarten, "Even the most gifted students will struggle academically if they have trouble seeing the blackboard or focusing on a book. A tremendous amount of learning happens visually, so

Vote for the top story of the past 50 years

In reflecting on the gains of the past, be sure to log in to AOACONnect and vote for the top story of the past 50 years at <http://bit.ly/sa18Dn>. Here are some of the top selections of past ways in which the AOA helped strengthen the profession:

- 1963—AOA became an agency member of the American Public Health Association.
- 1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association
- 1967—Council on Clinical Optometric Care is formed
- 1968—American Optometric Student Association (AOSA) formed
- 1970—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)
- 1971—First DPA Law passed - Rhode Island
- 1976—First TPA Law passed— West Virginia
- 1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)
- 1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.
- 1988—Federal Trade Commission approves trade regulation (Eyeglasses II)
- 1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care
- 1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma
- 2000—Kentucky became the first state to require children to have a vision examination before entering the public school system
- 2002—AOA launches the Healthy Eyes, Healthy People® program
- 2005—InfantSEE® program established
- 2008—AOA establishes the National Commission on Vision and Health (NCVH)
- 2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

To commemorate 50 years of groundbreaking news in optometry, we will publish the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (<http://connect.aoa.org>). We'd love to hear from you.

Call for courses now open!

Optometry's Meeting®

San Diego, Calif.

June 26 – June 30, 2013

The AOA Continuing Education Committee invites submissions of optometric, paraoptometric, and optometric student education courses for the 2013 Optometry's Meeting® in San Diego, Calif. Continuing Education courses will be held Wednesday, June 26 through Sunday, June 30, 2013.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 10, 2012.

To submit a course, visit www.optometrismeeeting.org, and click on the "2013 Call for Courses" icon. Inquiries regarding the Call for Courses can be emailed to continuing-ed@aoa.org.

Notification of selected courses will be emailed to all applicants in early fall.

Sen. Boozman backs Braille literacy effort

The National Federation of the Blind, the nation's leading advocate for Braille literacy, last month commended Sen. Patty Murray (D-Wash.) who led a bipartisan group of 26 senators, including Sen. John Boozman, O.D., (R-Ark.), in sending a letter to Arne Duncan, the U.S. Secretary of Education, regarding improving access to Braille instruction for blind students.

The letter calls upon the Department of Education to work with stakeholders to develop new regulations for the individualized education program (IEP) of blind students and provide guidance to school districts to clarify the requirement contained in the Individuals with Disabilities Education Act that Braille be presumed appropriate for blind students unless there is specific evidence that Braille is not appropriate.

The letter stated in part: "Students with blindness or a visual impairment who are inappropriately denied or delayed Braille instruction find themselves struggling in middle and high school, falling further behind their sighted peers. As this achievement gap persists, the student's ability to compete with sighted peers for post-secondary opportunities and employment is significantly compromised. This literacy gap is both unnecessary and preventable."

"We applaud Senator Murray and her fellow senators for taking a stand for the equal education of blind students. Braille is the only reading and writing method for blind people, and there is overwhelming evidence that Braille readers go on to lead more productive lives—and yet currently only 10 percent of blind students are learning Braille," said Marc Maurer, J.D., president of the National Federation of the Blind. "This cannot stand. We urge the Secretary of Education to heed this letter and begin work with the National Federation of the Blind and

other stakeholders to develop new regulations that will reverse this downward trend in Braille literacy."

"This is not just a problem for the blind community, this is a problem for our country as a whole," said Sen. Murray in a statement from

her office. "If we allow this to continue, it won't just be one community that falls behind, we will all fall behind together. Making sure that we offer all our kids, regardless of disability, a world-class education is not only a moral obligation, it is an economic

imperative for the U.S. to succeed."

"As an optometrist, I recognize the importance of providing our blind and visually impaired students with the resources they need to learn how to read," said Sen. Boozman. "Evaluation of stu-

dents with disabilities is essential to providing an individualized education program that leads to literacy and readies these students for college and a career."

For more information on the National Federation of the Blind, visit www.nfb.org.



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ODs earn \$5 million more in EHR incentives in March

Optometrists earned another \$5,292,000 in Medicare electronic health records incentives during March, according to the latest monthly program report from the U.S. Centers for Medicare & Medicaid Services (CMS).

To date, optometrists have earned a total of \$26,820,000 in incentive payments through the program, according to the CMS report.

“Based on the number of

Ohio, Pennsylvania, and Texas have the most optometrists participating in the Medicare EHR incentive program, with all of those states having more than 100 optometrists attesting compliance with the program’s EHR utilization standards, according to a separate CMS report (see box).

“It’s interesting to note that optometry is way ahead of ophthalmology in EHR program participation, partic-

Some 6,651 practicing optometrists – one out of five – have registered for the EHR incentive program so far.

optometrists who have registered for the program, the number of ODs receiving incentives should continue to increase,” the AOA Advocacy Group noted in a recent e-bulletin.

In all, optometrists may have earned more than \$40 million in Medicare EHR incentive program payments and related Health Profession Shortage Area bonuses during the first year of the program, according to the AOA Advocacy Group.

Some 6,651 practicing optometrists – about one out of every five – have registered for the EHR incentive program, according to the CMS.

More than a third of them – 2,622 – attested compliance with the program’s EHR utilization standards, and thereby applied for incentive payments for 2011, the first year of the program.

About a quarter of those – 1,490 – had received incentives through the program as of March 31, according to the CMS.

The CMS intended to issue all 2011 EHR incentive payments by the end of May.

Florida, Michigan, Missouri, North Carolina,

ularly in the less densely populated states,” said AOA Federal Relations Committee Chair Roger Jordan, O.D.

“That illustrates how optometrists are often the only available providers of eye care outside of the large urban areas, as well as how important optometrists will be in extending the planned Nationwide Health Information Network and making highly coordinated EHR-based care available across the nation.”

According to the CMS, 1,250 ophthalmologists attested compliance with utilization standards and applied for bonus payments during the first year of Medicare EHR incentive program.

Officemate, Compulink, Epic, and Revolution are the most commonly used EHR systems among optometrists, according to the CMS.

For additional information on the Medicare EHR Incentive Program, see the AOA website EHR page (www.aoa.org/ehr).

The latest CMS reports on EHR program participation can be accessed at (<http://tinyurl.com/MedicareMarch2012EHR>).

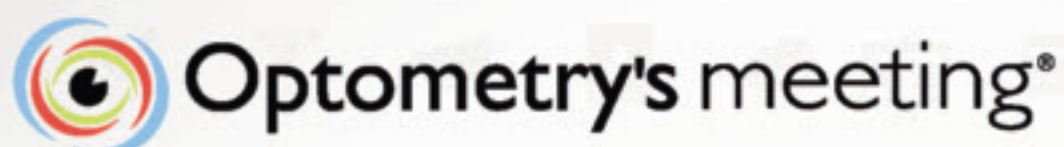
EHR Incentive Program

Optometrist and Ophthalmologist-Specific Data January 2011 to February 2012

All incentives were related to the Medicare EHR program.

Successful Attestations by State Optometrists and Ophthalmologists

State	Optometrists	Ophthalmologists
Alabama	61	40
Alaska	4	0
Arizona	50	24
Arkansas	23	8
California	76	68
Colorado	34	11
Connecticut	17	18
Delaware	7	2
Florida	163	64
Georgia	54	29
Hawaii	5	8
Idaho	11	1
Illinois	93	111
Indiana	71	5
Iowa	59	25
Kansas	77	4
Kentucky	38	20
Louisiana	8	14
Maine	34	5
Maryland	23	25
Massachusetts	85	75
Michigan	101	16
Minnesota	85	41
Mississippi	29	8
Missouri	121	16
Montana	14	2
Nebraska	32	7
Nevada	15	13
New Hampshire	16	15
New Jersey	56	44
New Mexico	12	0
New York	76	96
North Carolina	191	27
North Dakota	21	2
Ohio	114	37
Oklahoma	50	9
Oregon	50	65
Pennsylvania	124	67
Puerto Rico	0	7
Rhode Island	12	0
South Carolina	39	23
South Dakota	17	3
Tennessee	50	21
Texas	173	63
Utah	20	20
Vermont	13	3
Virginia	70	11
Washington	34	16
West Virginia	13	6
Wisconsin	62	55
Wyoming	19	0
Total	2,622	1,250



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Practice Pathways

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Thursday, June 28, 2012
10a.m. - Noon
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West**

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(two-hour COPE approval pending)

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8a.m. - Noon



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- **How to create a noticeable resume**
- **Tips for reviewing job seeker resumes**
- **The Art of Interviewing for both job seekers and employers**

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Optometry's Meeting® is the annual meeting of the American Optometric Association and the American Optometric Student Association

Lowther receives NAP's top honor in field

Indiana University (IU) School of Optometry Emeritus professor and former dean Gerald E. Lowther, O.D., has received the National Academies of Practice's James A. Boucher Award of Excellence for his "exemplary contributions to the profession of optometry and health care field" and for

upholding the NAP's mission to advance science and the concept of interdisciplinary health care.

NAP is made up of up to 150 selected distinguished practitioners and scholars in each of the professions of dentistry, medicine, nursing, optometry, pharmacy, podiatric medicine, psychology,

social work and veterinary medicine.

The central purpose of NAP is to advise public policy makers on health care issues using NAP's unique perspective – that of expert practitioners and scholars joined in interdisciplinary dialogue.

Dr. Lowther served as dean of the IU School of

Optometry from 1998 until 2008, a period when externally funded research increased from less than \$500,000 to more than \$5.5 million and the number of individuals supported by research grants rose from four to more than 20. In 2007 he saw ground broken on Third Street in Bloomington on what is now

IU's \$3 million Atwater Eye Care Center.

"The IU School of Optometry is very proud that a former faculty member and dean has received the prestigious Boucher Award," said Joseph A. Bonanno, O.D., dean of the school.

A 1967 graduate of The Ohio State University College of Optometry, Lowther is credited with developing a computer-controlled videodisk for contact lens education and a computer program for contact lens calculations.

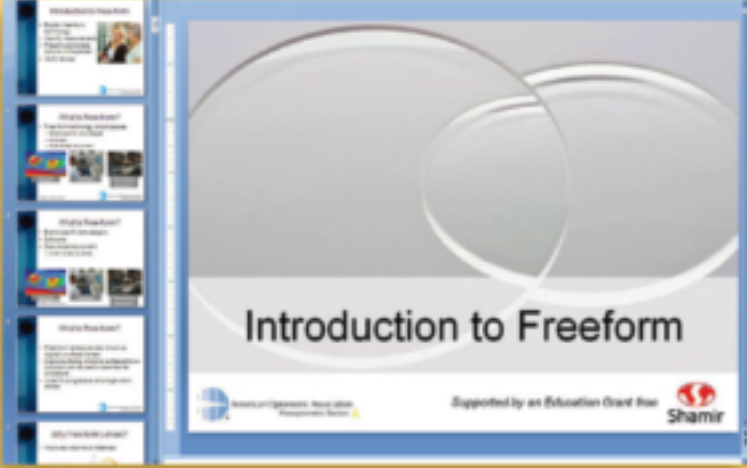
A past member of the AOA's Council on Research and charter member and executive council member of the International Society for Contact Lens Research, he worked to start the first optometry program in Poland and was instrumental in setting up community clinics in Bloomington and Guanajuato, Mexico, and an optometry program at the Ramkhamhaeng University in Bangkok, Thailand. He has also served as the external academic advisor to the optometry program at the Hong Kong Polytechnic University.

Dr. Lowther, who was inducted into the AOA's National Optometry Hall of Fame last year, received the Boucher Award from NAP Optometry Academy Chair Satya B. Verma, O.D. The award is named for James A. Boucher, the first president of the NAP Optometry Academy.

A past president of American Academy of Optometry, the National Board of Examiners in Optometry and the International Society for Contact Lens Research, Dr. Lowther has also been elected as a Distinguished Scholar to the National Academy of Practice in Optometry, has received the Life Fellowship Award from the American Academy of Optometry and been a recipient of the Distinguished Service Award from the Indiana Optometric Association.

NEW! *Introduction to Freeform® Education Module from the AOA Paraoptometric Section*

As paraoptometric staff proceeds through this education module, they will be better equipped to explain what Freeform® technology is, identify necessary measurements, present the Freeform® option to appropriate patients, and verify the lenses.



"Introduction to Freeform®" has been developed through an education grant from Shamir to educate paraoptometric staff on this technology.

The CD-ROM is designed in an easy-to-use automated, audio PowerPoint format, guiding paraoptometric staff through this education module. Running time is approximately one hour and allows unlimited access to learning from home or the office.

To order a copy for your office, download an order form at: <http://www.aoa.org/ParaoptometricOrderForm.pdf> or call 800-365-2219, ext. 4108 for more information.

VisionWeb integrates with Diversified Ophthalmics software

VisionWeb, the premier provider of technology services to the optical industry, today announced the integration of Diversified's Practice Maximus™ software with VisionWeb's ophthalmic product ordering service. With this module, eye care providers using Practice Maximus will be able to place orders directly with any of VisionWeb's lab partners from within their practice management software.

For 35 years, Diversified has prided itself in providing independent eye care providers with virtually any product or service needed to successfully run their practice.

Ten years ago, as one of VisionWeb's early partners, Diversified was the first to offer eye care providers the option to order both soft contact lenses and eyeglass lenses through the VisionWeb portal.

This latest integration with Practice Maximus builds on the understanding that centralizing business processes increases efficiency and will provide another value-added service to the independent eye care provider, according to VisionWeb.

"The integration of Practice Maximus with VisionWeb's ordering portal means our current and future PM software user base can place orders with their preferred lab right at their fingertips," said Ron Cooke, O.D., president and chief executive officer of Diversified Ophthalmics, Inc. "This along with our EHR (electronic health records) certification is a very important milestone in our continued effort to meet the growing needs of our customers and their patients."

"This addition provides more access to the products and services VisionWeb members need, which is what we strive to deliver," said Tom Loveless, vice president of Business Development and chief financial officer for VisionWeb. "We are committed to providing our users

with a one-stop shopping experience that makes ordering more convenient and efficient, so we are excited to welcome Diversified's Practice Maximus practice management software to our network. Connectivity like this is precisely the reason that today's busy eye care

practices are choosing VisionWeb services for convenient online ordering."

VisionWeb members who use Practice Maximus can register their preferred ophthalmic lab and begin ordering immediately.

Practice Maximus users are encouraged to call 866-

626-2281 or email pm-info@divopt.com with questions regarding ordering through the integration or to get help with setup.

Ordering on VisionWeb is free for eye care providers.

For more information, or for help with VisionWeb ordering, contact VisionWeb

Customer Service at 800-874-6601 or email customerservice@visionweb.com.

Additional information on VisionWeb can be found at www.visionweb.com.

Additional information on Diversified Ophthalmics can be found at www.divopt.com or www.practicemaximus.com.

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45	13.65	12.25	19.73	18.20	32.20	30.45
50	17.59	15.31	26.29	24.98	46.20	44.01
55	24.41	19.60	42.70	33.08	76.83	59.76
60	38.41	25.90	66.54	50.14	126.26	89.08
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70	103.78	65.89	200.42	131.95	389.20	251.39

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OPTOMETRY CARES®

Optometry Cares® awards HEHP state grants

Optometry Cares® – The AOA Foundation recently named the 2012 recipients of the Healthy Eyes Healthy People® (HEHP) State Grant program. This year's grants were generously funded by Luxottica.

The Optometry Cares® Community Grants Committee evaluated, selected and administered this year's projects.

"Healthy Eyes Healthy

People® is a program that is committed to improving the vision and health of all Americans," said James L. Boccuzzi, O.D., chair of the Community Grants Committee. "The HEHP grants are a tool for optometrists to change community health programs so that vision services are recognized as vital to the health care system and to improving the quality of life for all

Americans."

"During the past eight years, we have seen the Healthy Eyes Healthy People® projects in action across almost every state in the U.S., with programs ranging from vision care for the homeless to pre-school vision screenings and diabetes awareness projects," said Andrea Dorigo, president, Luxottica USA. "We have seen how these innovative community outreach programs promote both eye health and disease prevention."

2012 award winners include the following individuals: Patricia Westfall-Elsberry, O.D., Ark.; Miki Carpenter, Ph.D., Calif.; Linda Rouse, O.D., Fla.; Jill Gonder, Iowa; L'Erin Garner, O.D., MPH, Ind.; Todd Fleischer, Kan.; Doug Wilkinson, La.; Michael Ackermann, Minn.; Linda

Ross Aldy and Katie Nelson, Miss.; Alissa Johnson, Neb.; Lawrence Ragone, O.D., N.J.; Joan Portello, O.D., MPH, N.Y.; Terri Gossard, O.D., Ohio; Ruthie Ruan, O.D., Okla.; Len V Hua, Ore.; Zakiya Nicks, O.D., Tenn.; and Michael Judkins, O.D. Utah.

Healthy Eyes Healthy People® is an ambitious public-private program to improve the eye and visual health of Americans. The HEHP grants are based on the Healthy People 2020 initiative, developed by the U.S. Department of Health & Human Services to improve the health of Americans.

The HEHP State Grant Program is intended to stimulate community initiatives in health promotion and disease prevention that support

the vision objectives of Healthy People 2020.

This year, applicants proposed a project that focuses on one of the two vision objectives to improve children's vision. The HEHP grants should strengthen the outreach of community-based organizations by providing "seed money" to begin or continue vision-related projects.

Since the program's inception in 2004, grants worth \$1,210,500 have been distributed to state optometric associations for community outreach projects.

These 317 grants have funded collaborative community outreach projects, including projects in diabetes, glaucoma, children's vision, eye safety and low vision.

Awards, from page 15

Paraoptometric of the Year Award

Kohler started her career in 1985 in the office of Daniel Casamento, O.D., of Bradford, Pa. She became the team manager soon after of that and, in 1988, became a certified paraoptometric assistant (CPOA).

Kohler is dedicated to her patients, and their care is her priority. She also takes time to educate the public about the importance of healthy eyes and good vision by volunteering at health fairs in her community.

And, as a leader, Kohler encourages her team to learn as much about the field as possible.

Kohler became involved with the Northwest Paraoptometric Society and served as president from 1987-1992. She also became involved with the Pennsylvania Paraoptometric Association (PPA) where she served in many positions, including treasurer, vice president, president and immediate past president. Kohler currently serves as the financial adviser and chair for the Constitution and Bylaws Committee for the PPA.

Due to structural changes, Kohler was instrumental in making the appro-



Vera Kohler, CPOA

priate revisions to the PPA's constitution and bylaws and co-authored the Paraoptometric Reference Manual. She has written several papers and lectured on the local and state levels on office management and billing and coding.

She has also served on many committees in the AOA's Paraoptometric Section.

Kohler has received many awards during her career, including Northwest Paraoptometric of the Year (1988) and Pennsylvania Paraoptometric of the Year (1992).

Kohler resides in Bradford with her husband, Ray. She is the proud mother of five children and two step-children and has 12 grandchildren and four great-grandchildren.

NEW! CPO Review Course Education Module
from the AOA Paraoptometric Section

Alleviate Test Anxiety

The AOA Paraoptometric Section (PS) has developed the CPO Review Course Education Module to help relieve some of the worry associated with taking the certified paraoptometric examination.

Paraoptometrics may now use the CPO Review Course as a final tool to help prepare to sit for the CPO certification examination. After learning the information presented in the CPO Study Guide and CPO Study Flash Cards, paraoptometrics may use this resource to gain confidence in reviewing acquired knowledge.

The CD-ROM is designed in an easy-to-use, automated, audio PowerPoint format that guides candidates through 114 slides of review information. Successfully pass the quiz at the end of the presentation to earn one hour of continuing education credit. (A \$10 processing fee applies for PS members for CE credit/\$25 for non-members.)

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EyeLearn™ course spotlight

SUN project seeks to curb wave of UV eye problems

Amid new evidence that ultraviolet (UV) and high-energy visible (HEV) radiation pose a growing eye health problem, the ambitious new SUN Education Series, jointly developed by the AOA and the Opticians Association of America (OAA) with support from Luxottica and The Vision Council, seeks to avert a predicted upsurge in sight-robbing eye conditions through the use of protective outdoor eyewear.

"It is widely known that

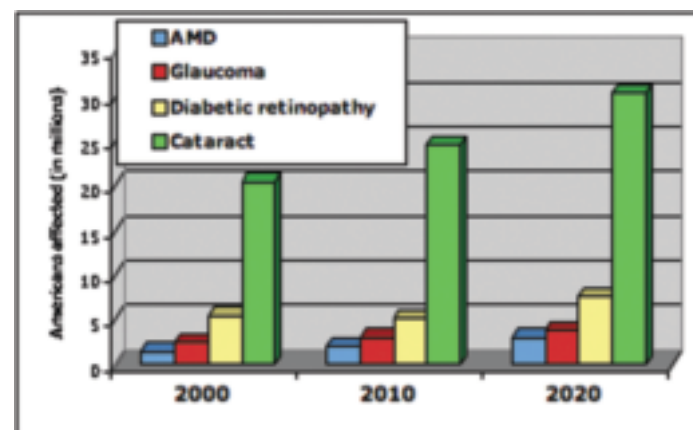
greater severity of the conditions," Dr. Lahr said.

"Moreover, few are aware of just how important a step as simple as the use of properly protective sunglasses or UV-blocking contact lenses could be in preventing these conditions and thereby helping to avert a costly burden on the national health system," Dr. Lahr said.

The new SUN Education Series of online continuing education courses was developed as part of the AOA-OAA SUN

Commission on Paraoptometric Certification (CPC), the three-part SUN online education series is now available to optometrists and paraoptometricians on the AOA EyeLearn™ continuing education Web portal. Also approved for credit by the American Board of Opticianry (ABO), the courses are available to opticians on the OAA site.

"SUN Education Series Part 1 — Protect," introduced in April, describes the health issues resulting



Projected increase in UV-related eye conditions

"Use of sunglasses that block all ultraviolet radiation and severely attenuate high-energy visible radiation will slow the pace of ocular deterioration and delay the onset of age-related disease, thereby reducing its prevalence. A 20-year delay would practically eliminate these diseases as significant causes of visual impairment in the United States."

Americans are living longer than ever and, as a result, a substantial increase in age-related eye conditions is anticipated over the coming years," notes John Lahr, O.D., SUN Education Series instructor. "Eye care professionals have long understood that UV and HEV are substantial causative factors for UV-related eye problems from eyelid cancers to cataract to retinal disease.

"However, even most eye care professionals are unaware that people today are exposed to more UV radiation over the course of their lives; resulting in even higher incidences of cataract, pterygium, pingueculum, macular degeneration, and UV keratoconjunctivitis, as well as

Initiative, through which the two organizations and their industry partners hope to virtually eliminate age-related macular degeneration (AMD), cataract, and other UV- and HEV-related eye conditions as major health issues, according to Dr. Lahr (see *AOA News*, April).

"The key lies in optometrists, opticians, and their office staffs working together to effectively educate the public on the dangers of UV- and HEV-related eye conditions and then provide protective outdoor eyewear to prevent those conditions," Dr. Lahr said.

Approved for credit by the Council on Optometric Practitioner Education (COPE) and the AOA

from UV and HEV radiation exposure, suggesting a set of steps practitioners can take to help ensure that all patients understand the importance of quality outdoor eye protection.

"SUN Education Series Part 2 — Prescribe," introduced this month, outlines an "action plan" for the optometrist and the optician, said Dr. Lahr. For the optometrist, the course suggests ways to discuss research that demonstrates the need for sun protection. For the optician or paraoptometrician, the course describes a methodology to identify the best protective products for a patient.

"SUN Education Series Part 3 — Present," set for release in late summer,

addresses "one of the most difficult areas for many offices to master — the language and methods to visually merchandise outdoor eyewear to every patient/consumer," Dr. Lahr said. "This segment presents methods to easily communicate the benefits of prescribing and dispensing outdoor eyewear."

On average, older adults are experiencing greater lifetime exposure to UV than earlier generations, due to increased levels of UV reaching the earth's surface, longer life expectancy, and an increase in activities in UV-intense environments, Dr. Lahr said.

Already, some 38 million Americans age 40 and older are blind or visually impaired or have AMD, glaucoma, diabetic retinopathy or cataracts, Dr. Lahr said. As the population ages, that will rise to an estimated 50 million Americans by 2020, he adds.

The United States now spends more than \$50 billion a year on vision problems—and the prevalence and the costs to care for these conditions are rising quickly, Dr. Lahr said. Attempting to address rapidly rising health care costs, the nation's health care sys-

tem is placing increasing importance on prevention, Dr. Lahr said. Eye care can be no exception, he adds.

A recent Yale University Medcast outlined the threat UV and HEV pose to eye health and called for prevention to stave off a wave of costly age-related eye conditions caused by exposure to such radiation.

"Use of sunglasses that block all ultraviolet radiation and severely attenuate high-energy visible radiation will slow the pace of ocular deterioration and delay the onset of age-related disease, thereby reducing its prevalence. A 20-year delay would practically eliminate these diseases as significant causes of visual impairment in the United States," concluded researcher R.W. Young M.D., in his 1992 study, "Sunlight and Age-Related Eye Disease," in the *Journal of the National Medical Association*.

That conclusion is supported by widely cited research such as the Chesapeake Bay Waterman Study — which found men with double the normal exposure to UVB had a 60

See SUN, page 52



American Optometric Association



Optometry's Meeting®,

from page 16

explanation of how to clinically evaluate and solve problems associated with each design.

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❖ “New Developments in Allergic Eye Disease Management and Treatment” will provide practical clinical pearls to the effective management of seasonal and perennial allergies, giant papillary conjunctivitis, vernal keratoconjunctivitis, and atopic keratoconjunctivitis. *Sponsored by ISTA Pharmaceuticals.*

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❖ Course F201 – “Marketing Your Practice Through Service.” On Friday, June 29, from 10 a.m. – noon, Kelly Kersick, O.D., will explain how to understand your patients by looking at how new companies with outstanding customer service understand their customers. The course will examine how to apply these lessons toward providing the ultimate patient experience in the eye care practice.

❖ Course F202 – “Managing Finances to Increase Practice Equity.” On Friday, June 29, from 2 p.m. –

4 p.m., Mark Wright, O.D., will help you learn how to focus on both spheres of your total practice. Key metrics from the practice profile will be reviewed, as well as national norms that provide benchmarks for practice performance. This course is COPE approved.

❖ Course F301 – “Best Practice in Contact Lens Management and High Performance Dispensaries.” On Saturday, June 30, from 8 a.m. – 10 a.m., Mark Rothschild, O.D., will present methods for increasing the profitability of contact lens prescribing and dispensing in the practice, define how to provide the highest quality frames and lenses with the most affordable options, and

explore the benefits of investing in a high-performance optical.

❖ Course F302 – “Leading Staff to Excellence.” On Saturday, June 30, from 10 a.m. – noon, Carole Burns, O.D., will help participants learn how to identify personality types and manage staff according to how well those types match up with various tasks. All aspects of staff hiring, firing and management will be addressed. COPE approval is pending.

Proof that it's wise to register quickly

Our closing Saturday night gala at the Field Museum, “A Celebration of Optometry” sponsored by HOYA, is already sold out. However, we have started a waitlist for those who would still like to attend.

If you already registered for this event and no longer plan to attend, let us know so we can notify those on the waitlist!

Take your CE credits home with you

This year at Optometry's Meeting®, you'll be able to receive your CE credits earned on the spot, at our special kiosks on Level 1 of McCormick Place Convention Center near the CE session rooms.

You can access the evaluation system at the kiosks simply by scanning the barcode on your name badge. Your name will then appear on the left corner of the screen and following a few simple steps will enable you to obtain your certificates. Note that your license number is required.

The on-site evaluation system will be available from Thursday, June 28 through Saturday, June 30. Staff members will be available

on-site to assist you and answer any questions.

You can also access the online evaluation system at your convenience for three months following the close of Optometry's Meeting® 2012 – no later than Oct. 5. Use the online CE evaluation link at www.optometrymeeting.org. Use your registration login to access the system, and then please follow the online instructions.

The ease of e-tickets and more

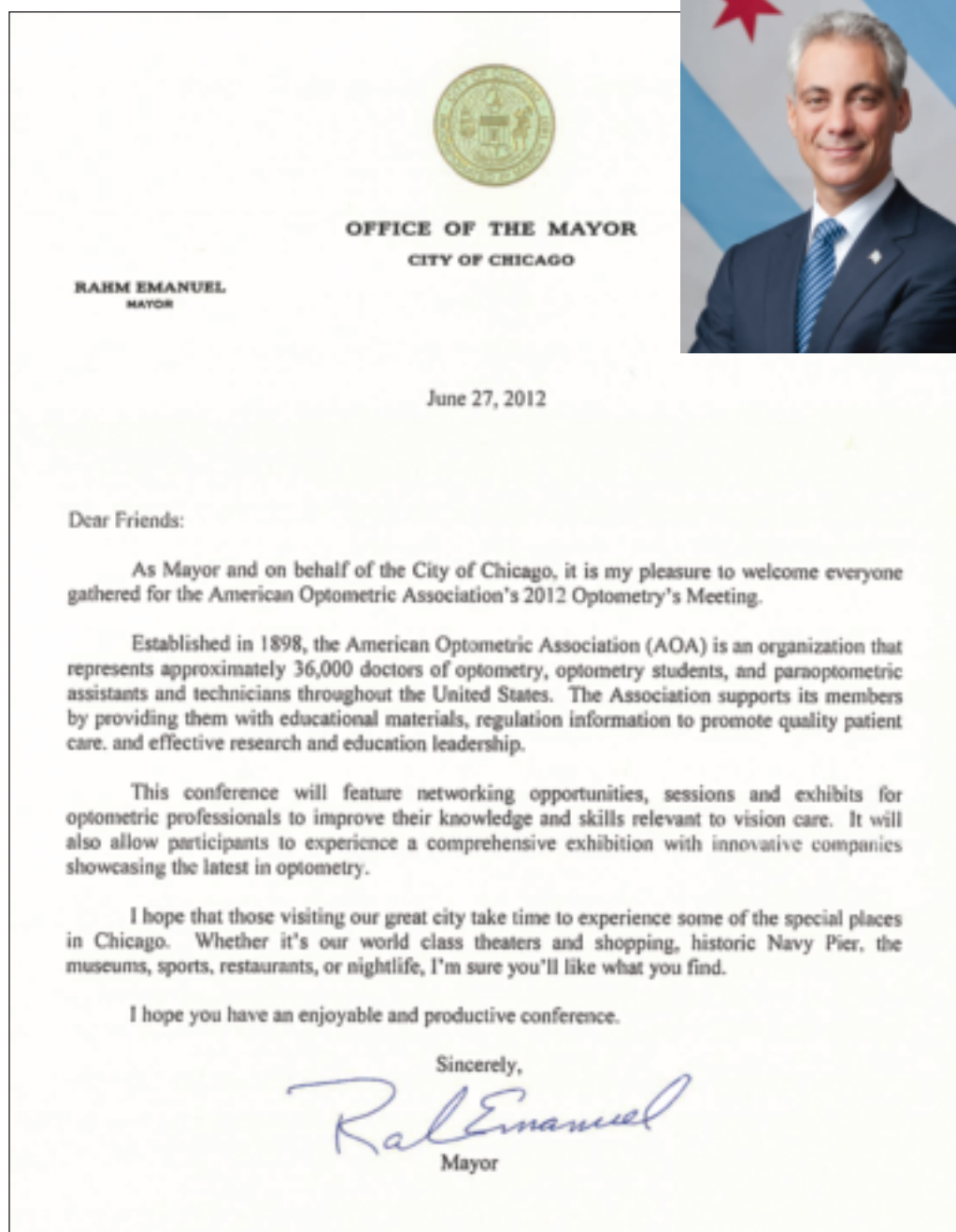
New for 2012, we've consigned printed session tickets to join paper airline tickets in the halls of yesteryear. When you register for a session, your badge will be scanned at the entrance to verify attendance — no printout required, nothing to forget.

We are also providing attendees with a choice of how to receive registration materials. You can have them mailed in advance or pick them up on-site so there's one less item to remember to bring to Chicago. Watch your email for your preference form, and please reply as quickly as possible.

And there are more good things in store at this year's conference. Stop by AOA Central to pick up a complementary tote bag, available to all professional attendees. It's filled with multiple items that will help you enjoy Optometry's Meeting® even more and includes:

❖ Wine Passport for the Opening Reception in the Exhibit Hall
❖ Coupon Book for more than 30 great deals within the Exhibit Hall
❖ Raffle Tickets for the Optometry's Meeting® prize drawings on Thursday and Friday.

There's no time like today to finalize your plans for attending Optometry's Meeting® in Chicago. Register today at www.optometrymeeting.org.



Maine OD encourages volunteering in the Caribbean to generate amazing impact

Jamaica is often celebrated for its beautiful sandy beaches, reggae music, and delicious Caribbean cuisine, but its great need for eye care services is not often publicized.

Kathy Ward, O.D., 25-year AOA member from Maine, felt inspired to take action when she found there were no public health optometrists and only two public health ophthalmologists for more than half a million people in western Jamaica.

In 2011, Dr. Ward offered her skills and talents to Great Shape! Inc.'s iCare Vision Project in Jamaica.

The previous year she offered her optometry skills to Haiti after the devastating earthquake.

"The glasses we prescribe nonchalantly at home are treasured gifts that can dramatically change lives in other countries," said Dr. Ward.

Dr. Ward has become a champion for providing eye care services in the Caribbean.

"On an international scale I read that half of the world's blindness is simply due to uncorrected refractive error," she said. "This is one problem I know how to fix. I do it all day, every day, so why not spend a few days doing it in a region where they otherwise would have no eye care services."

In Jamaica, a pair of glasses costs an average citizen more than a month's pay.

"There were countless moments of hugs or tears when a patient would receive their glasses and be shocked by the sudden clarity of the world around them," Dr. Ward reflected. "These moments are so incredibly rewarding, and we were all spoiled to have so many of them in such rapid succession."

Lane Rohling, CPOT,

another iCare volunteer and AOA member, said her most joyous moment came when she dispensed glasses to a 7-year-old boy who had never worn prescription glasses

and you just show up and do what you already know how to do (times a thousand or so)."

In addition, Dr. Ward enjoyed meeting other vol-

"The glasses we prescribe nonchalantly at home are treasured gifts that can dramatically change lives in other countries."

before.

From the donated eyeglasses, she found a pair with the prescription he needed, fit them to his face, and then led him outside to take a look around.

"The expression on his face brought me to tears," said Rohling, who is from Tennessee. "He just kept looking around in amazement, and his mother could not thank me enough. After he and his mom left, I walked back inside and told the other opticians 'That is why I'm here...' HE is the reason I keep doing humanitarian trips!"

Since 2009, Great Shape! Inc.'s iCare project, in partnership with VOSH, LERC, the Sandals Foundation, and Sandals Resorts International, has served more than 10,000 Jamaicans. Teams of volunteers in temporary clinics provide eye exams, surgery referrals, and thousands of eyeglasses, readers, and sunglasses.

"The experience with iCare was wonderful," Dr. Ward continued. "The organization and communication was excellent from the moment I expressed interest until I was headed back home."

Both of her experiences in Haiti and Jamaica were extremely rewarding, Dr. Ward explained. "For anyone new to mission work, iCare makes it simple. They take care of the planning

unteers from the United States, Canada, and beyond.

"The team was a joy to work with," she said. "All were enthusiastic and without ego – ready and willing

to do anything required to make the clinics run as smoothly as possible."

iCare Program Director Steven Stern, who has volunteered in Jamaica since 2005, helped launch the project after providing a pair of reading glasses to a Jamaican woman who had not been able to read for 10 years.

"She screamed and burst into tears of joy as she opened a book. I was amazed by the difference a dollar-pair of readers could make to someone's well-being. I was inspired to help as many Jamaicans as possible with their vision," said Stern.

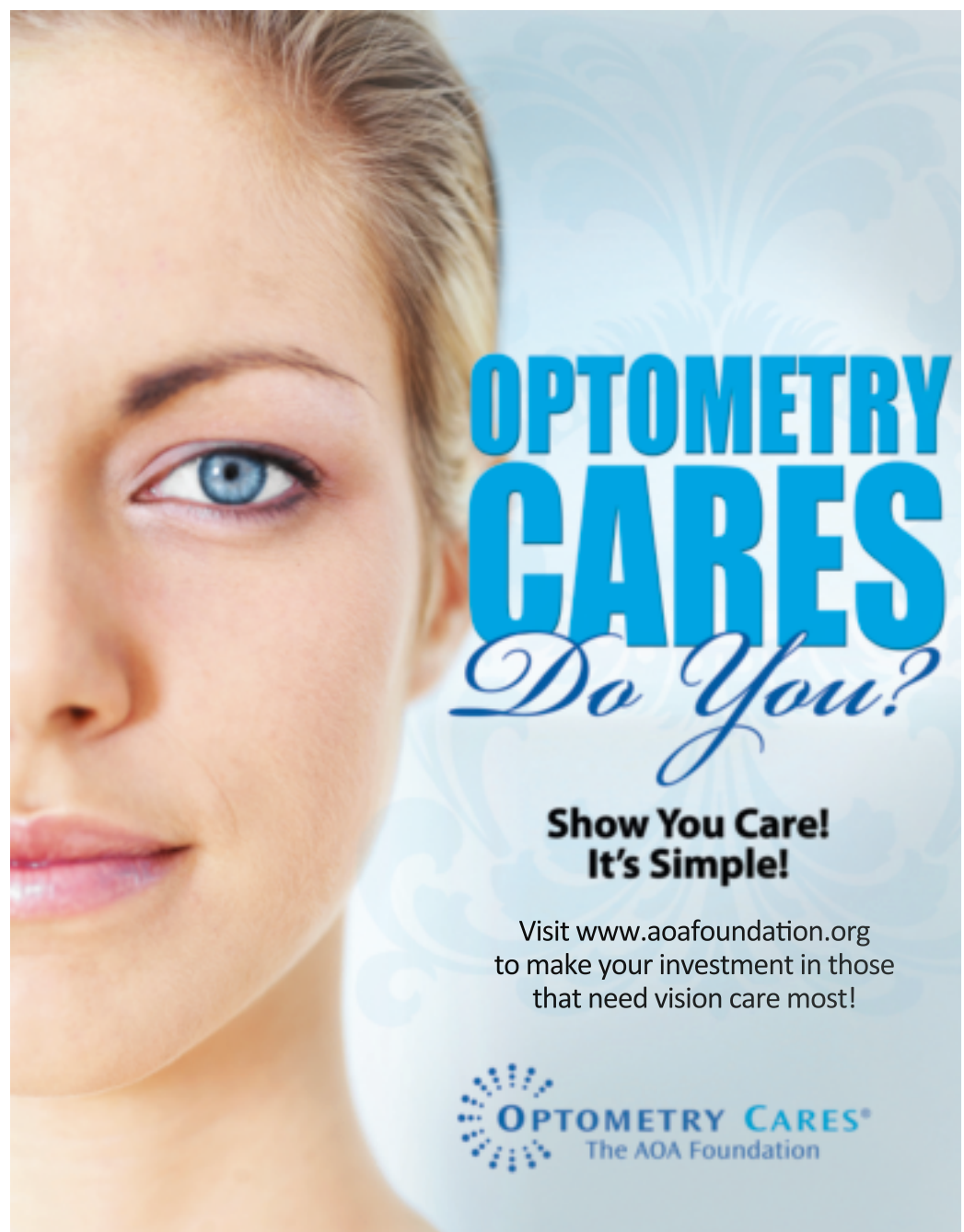
The iCare project is one of three humanitarian projects run by Great Shape! Inc.

Dr. Ward encourages other members to sign up.

"Joining a mission is inspiring. It gives you the opportunity to work with a team of good hearted enthusiastic folks and to have the joy of seeing the difference that you have made in people's lives," Dr. Ward said.

Great Shape! Inc. and the iCare vision project welcome other volunteer optometrists.

For information and applications, check out www.gsjamaica.org or email icare@gsjamaica.org.



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PRACTICE ADVANCEMENT

www.aoa.org/PracticeAdvancement

Company provides best-of-class CPT data, information services

By John Rumpakis, O.D.

ReimbursementPlus.com is a comprehensive, Web-based, real-time service that provides up-to-the-minute Current Procedural Terminology (CPT) code reimbursement information, all related CPT code data and characteristics, and state-of-the-art information regarding CPT code and medical record-keeping compliance. Compared to any other system available, AOA members will find highly advanced features that are extremely user-friendly.

Smarter navigation. Simpler organization. More visual cues and greater depth of information with increased speed. The cloud-based system is but only one feature that separates us from the rest; no software to install, no

data to update, no network or storage issues — ever!

The information ODs need, instantly

With the revolutionary ReimbursementPlus Assistant, the system is the easiest to use as well. We made the information practitioners need instantly available — right at their fingertips in very simple phrases and questions.

No more steep learning curves to get the vital information practices need. The intuitive interface knows the specific CPT data and reimbursement information for every CPT code specific to each ZIP code, and our proprietary Fee Schedule Analyzer™ ensures all fee-setting decisions are made as objective business deci-

sions based on real-time data. On average, our users save nearly five hours per week of valuable staff time and experience an estimated 47 percent increase in profitability, while keeping safe and compliant within CPT code guidelines.

Don't waste valuable time searching for this information— let the ReimbursementPlus system bring it directly to the practice. No more uncertainty about which rules apply to a practice. ODs see only the information that applies to their practice— the critical information to have when making important business and clinical decisions throughout the day.

Reimbursement isn't everything — information is!

Think about this.

Market demographic resource

AOA members can access resources through AOA alliance partner Wells Fargo Practice Finance:

Get the latest local population and competitor statistics for your potential practice location from Wells Fargo Practice Finance. Their comprehensive Market Data Report provides current and relevant data about the area surrounding your practice location. This information can be very valuable in the selection, growth or sale of a practice, the development of a business plan, and the creation of a marketing plan. And it's free with your completed application.

All practice financing is subject to credit approval.

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Medical record compliance is one of the most important issues facing practitioners today, and the only way to be compliant is to have the most current, thorough

information specific to your practice.

Having real-time infor-

See Reimbursement, page 52

Recharge your retirement planning in 2012: Consider consolidating accounts

When you're looking for ways to make the most of your retirement savings, don't overlook the advantages of rolling over eligible retirement plan accounts from previous employers into your current retirement plan account.

Consolidating your accounts can give you a clearer picture of where you stand and help you make better saving and investing decisions. It also allows you to streamline your service contacts to just one account-access website and participant service phone number. It's easier to monitor performance and your overall asset allocation and should rebalancing or other changes be needed, it's easier and quicker with one account instead of several at different companies. You'll see your balance, account performance, investment allocations, and other important account information all in one place. This saves you time and reduces the need to keep track of multiple account statements.

It's important to know whether your portfolio

is aligned with your risk tolerance and retirement savings goals. By having all of your assets in one place, you can more quickly and easily get a complete picture of whether you are on track to meet your goals and to make any changes as needed.

You can potentially lower the fees and expenses assessed to your account by eliminating multiple accounts that are each charging annual service fees. Lower fees mean more of your money is working for you.

Consolidating your retirement plan accounts is a great step you can take to give yourself more control over your retirement savings and make account management easier.

To learn more about account consolidation with AXA Equitable's Members Retirement Program, the only retirement program endorsed by the AOA since 1968, please call 800-523-1125 or visit us online at www.axa-equitable.com/mrp.

Visit our booth number 1452 during the 115th Annual Optometry's Meeting® in Chicago and you can receive information on the program. Visitors will also walk away with a gift, while supplies last! Please be advised that this document is not intended as legal or tax advice. Accordingly, any advice provided in this document is not intended or written to be used, and cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer. Such advice was written to support the promotion or marketing of the transaction(s) or matter(s) addressed, and you should seek advice based on your particular circumstances from an independent tax advisor.

The Members Retirement Program (Contract form #6059) is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company (NY, NY).

GE-67568b (3/12) (exp. 3/14)



AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA Coding Today

AOA Ophthalmic Resources On-Demand

Bank of America Card Services

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Members' Retirement

ReimbursementPLUS®

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Finding the perfect fit just got easier.



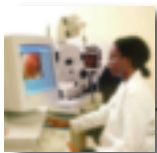
www.optometrycareercenter.org

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MEDICAL RECORDS & CODING

'Ask the Codeheads'

Building a medical records compliance program for your office

Edited by Chuck Brownlow,
O.D., Medical Records
consultant

As all physicians have known for years, Medicare and other insurers do not intend to pay for services that aren't covered by their contracts with physicians, they don't intend to pay for services the patients did not receive, and they don't intend to pay for services the patient did not need. Audits by insurers and by Medicare are conducted on physicians from time to time, sometimes randomly and sometimes focused on identified or suspected departures from compliance, to determine whether physicians are complying with the national rules for patient records and any specific rules contained in the provider agreement specific to that insurer.

Professional judgment has always played a huge role in determining which patients receive which services of course, even when the physician's judgment doesn't square with the payer's determination of "medical necessity" or "reasonableness and necessity."

If such issues arise in an audit, it is up to the physician to explain why the services were provided and to demonstrate how all care was prompted by the needs of the patient at that specific visit.

In order to be confident that an office is compliant with national rules relative to patient records and the national resources for accurate choices of procedure and diagnosis codes, Current Procedural Terminology (CPT © American Medical Association) and International Classification of Diseases, 9th edition, respectively, it may be beneficial for offices to create their own internal compliance program.

The federal Office of the Inspector General (OIG) has

created the framework for just such a voluntary program, built on the framework of a mandatory program that has been in force for large clinics and hospitals for more than a decade.

This Voluntary Program for Medical Records Compliance for Individual Physicians and Small Group Practices can be very helpful in guiding the protocols created for physicians and staff in

small group practices are:

1. Conducting internal monitoring and auditing through the performance of periodic audits;
2. Implementing practice standards through the development of written standards and procedures;
3. Designating a compliance officer or contact to monitor compliance efforts and enforce practice standards;
4. Conducting appropriate

Professional judgment has always played a huge role in determining which patients receive which services of course, even when the physician's judgment doesn't square with the payer's determination of "medical necessity" or "reasonableness and necessity."

small offices, ensuring compliance, and in turn, lessening concerns about the potential of future audits by Medicare or other insurers.

The OIG's compliance program includes seven elements, permitting physicians and their staff, management, etc., to develop their own methods for fulfilling each element.

Throughout the developmental process and then through implementation of the program, offices will be conducting meetings, educational programs, establishing guidelines and protocols, doing internal audits of record-keeping, coding, billing practices, and engaging all doctors and staff in ensuring that all care meets the needs of each patient.

The seven suggested components of a medical records compliance program for individual physicians and

training and education on practice standards and procedures;

5. Responding appropriately to detected violations through the investigation of allegations and developing a corrective action program;
6. Developing open lines of communication with the practice's employees; and
7. Enforcing disciplinary standards through well-publicized guidelines.

The AOA provides many resources for members and their staffs who want to learn more about medical record-keeping and accurate procedure and diagnosis code selection.

See the sidebar accompanying this article for more information and, if you have questions about this or other issues related to medical record-keeping, submit them to askthecodingexperts@aoa.org.

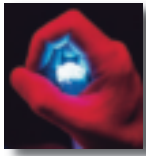
AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- ❖ AOACONnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).
- ❖ AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously \$349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- ❖ AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members' offices as a value-added member benefit. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.



EYE ON TECHNOLOGY

Chicago practice puts the eye in iPad

By Dominick M. Maino, O.D., and Geoffrey G. Goodfellow, O.D.

The use of a lion in an office might be too scary for most patients. But Lyons Family Eye Care, an urban optometric family practice in Chicago, not only combines a welcoming lion in its logo, but also makes the use of technology within its office less scary for all patients and the members of its eye care team.

AOA member Stephanie Lyons, O.D., and her husband/general manager, John, knew from the moment they decided to open a practice they would always stay ahead of the technology curve when it came to patient care.

By using this approach, Stephanie and John give their patients a unique office experience, the staff performs their job in a more efficient manner and the practice thrives financially.

Their office technology includes an electronic health records (EHR) system, autokeratometer, autorefractor, autolensometer, non-contact tonometer, and digital phoropter. They also use iPads for the patient case history and initial patient check-in procedure, as well as digital visual acuity charts.

The Lyons Family Eye Care website has online appointment scheduling and an online optical as well.

I (Dr. Maino) hadn't had an eye examination in a couple of years, so I decided that this would allow me to experience the use of the latest technology from the viewpoint of a patient.

I stepped up to the office desk, was warmly greeted by the staff, and was handed an iPad. I had ini-

tially started filling out the New Patient Information Form and realized I did not have my reading glasses on so I just enlarged the iPad image and continued filling out the form without my glasses. Most of the questions only required me to touch a box that was then automatically checked. For the information that required a typed response, the iPad's

- ❖ Adobe Acrobat Pro
- ❖ Dropbox
- ❖ Compatible EHR

The PDFExpert (by Readdle) application can be found on Apple's App Store site. It has been updated for the iPad Retina Display and costs \$9.99. This app will allow you to do many things with PDF files, including fill in forms, sign documents, and sync any folder on

share your photographs, documents (like PDF files) and videos. Any file you save to Dropbox will automatically be saved to all your computers, digital phones and the Dropbox website.

Another app the office uses is the Braille Institute's VisionSim program. This app demonstrates how various eye diseases affect

the patient can see themselves while wearing their soon-to-be new glasses, as well as to send a picture/video to their spouse for help deciding which pair of spectacles would be the best.

The patients' responses to using an iPad in the office have been outstanding! And why not— one of the very first individuals to test out this approach was Dr. Lyon's grandmother. High-tech and grandma approved; what more could you ask for in an office application?

Dr. Maino is a professor of pediatrics and binocular vision at the Illinois College of Optometry (ICO). He can be contacted at dmayo@ico.edu. Dr. Goodfellow is an associate professor of optometry at ICO and the college's assistant dean for curriculum and assessment. He can be contacted at ggoodfel@ico.edu.

The idea of using an iPad for patient forms came from one of the Lyons Family Eye Care patients, who was an Apple employee.

built in touch-type screen popped up automatically when needed.

After about five minutes, the form was filled out. The office staff then hit a few buttons on the iPad, I signed the document and saw it was immediately sent to Dropbox. I then went into the pre-testing area. After the pretesting sequence was over, I moved to the examination room, sat down in the patient chair, and greeted my new doctor.

Dr. Lyons had my New Patient Information Form on her computer, asked me a few additional questions and then my comprehensive eye and vision examination was about to begin in earnest (I will talk about the exam in a future column).

The idea of using an iPad for patient forms came from one of the Lyons Family Eye Care patients, who was an Apple employee.

He also assisted in setting up the iPad as a patient encounter tool for the office.

Do you want to start using iPads in your office? Here's what you will need:

- ❖ An Apple iPad
- ❖ PDFExpert app

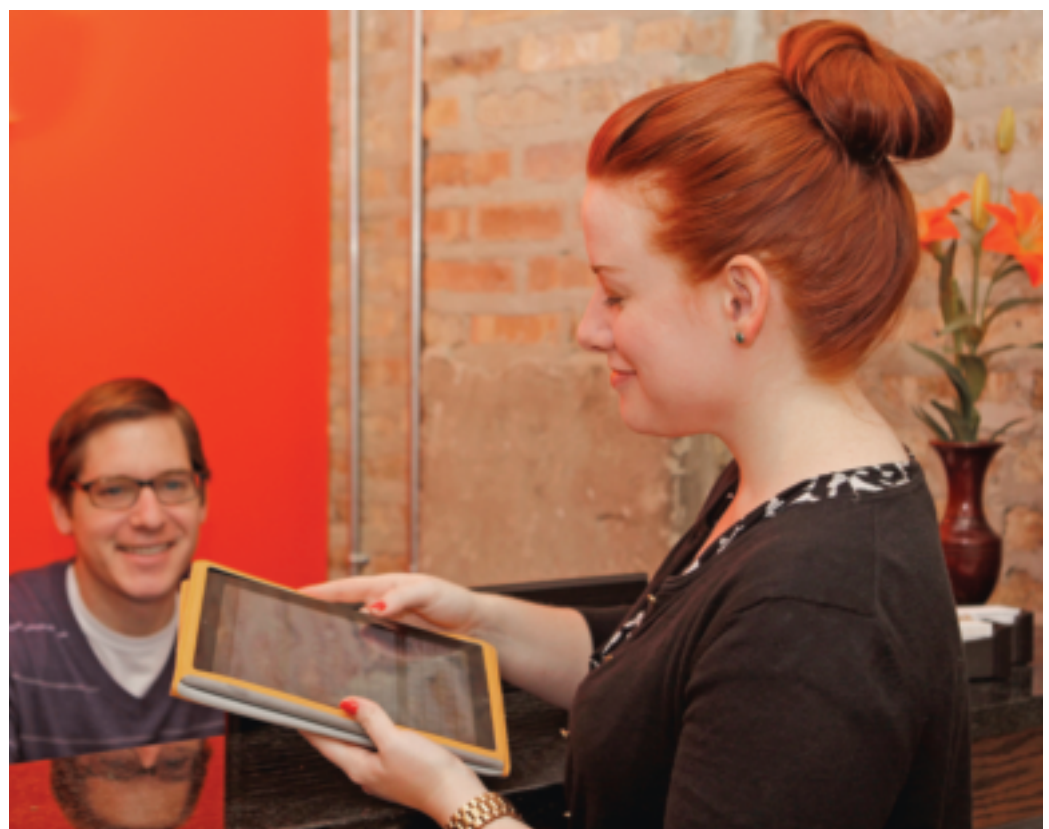
Dropbox, iDisk, Readdle Storage or WebDAV storage with a local folder on the iPad.

Acrobat Pro is available from Adobe. It allows you to create fill-in forms, collect data, and even allow these forms to be signed.

Dropbox is a free service that lets you upload and

vision. For instance, it will show a picture of wherever you are with simulations of macular degeneration and visual field loss due to glaucoma.

As an aide to helping patients choose their new glasses, Lyons Family Eye Care uses the forward-facing iPad camera as a "mirror" so



Lyons Family Eye Care optometric assistant Ashley Byrd reviewing iPad data while practice general manager John Lyons looks on.

The Art of Optometry

Educate patients with five, eye-catching diagnostic visuals

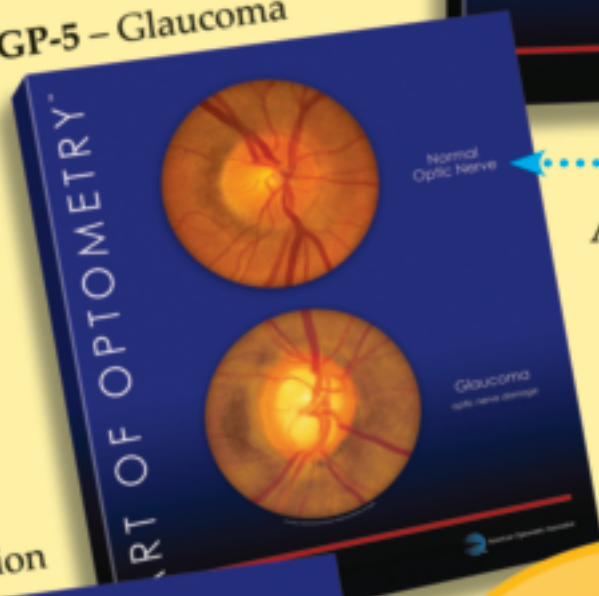


GP-9 – The Human Eye

In Focus

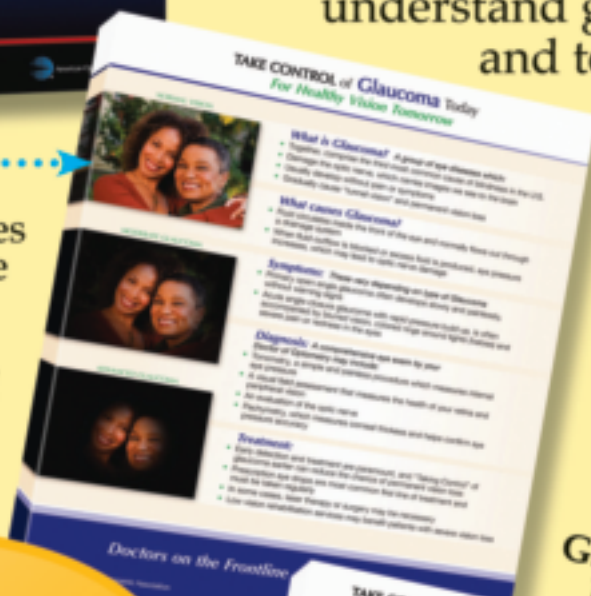
Professional, easy-to-understand graphics and text

GP-5 – Glaucoma

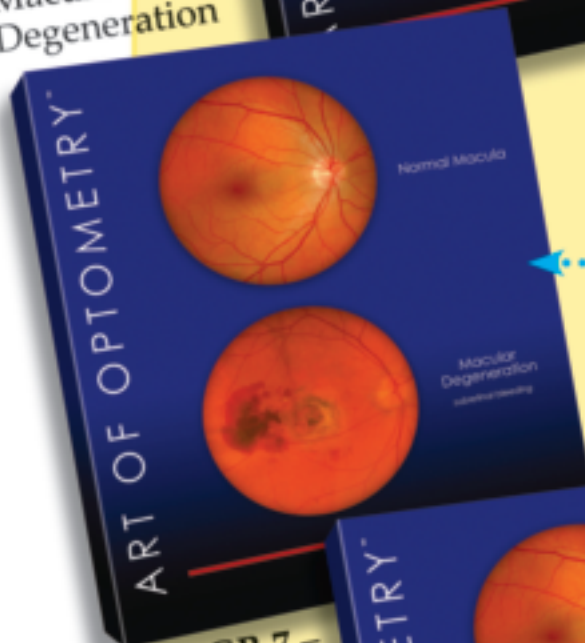


All canvases shown are 20" x 24"; NO additional framing required.

GP-1 – Glaucoma



GP-6 – Macular Degeneration



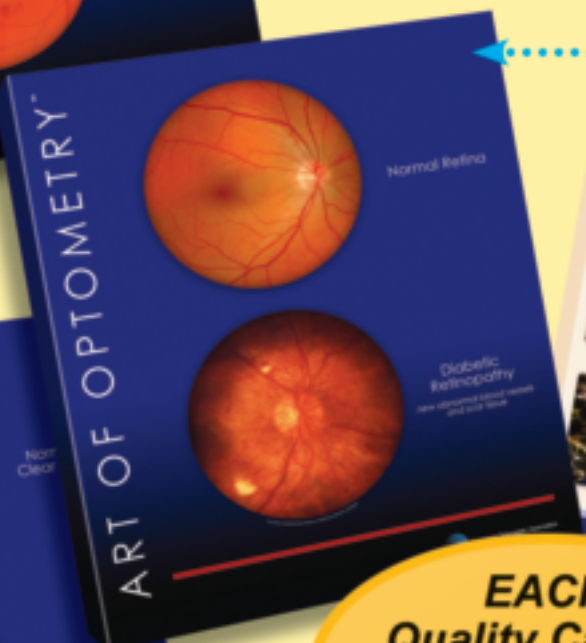
Display individually or paired with each corresponding canvas (\$178 Per Pair)

GP-2 – Macular Degeneration



Ready to hang (hardware included) in your exam room or lobby

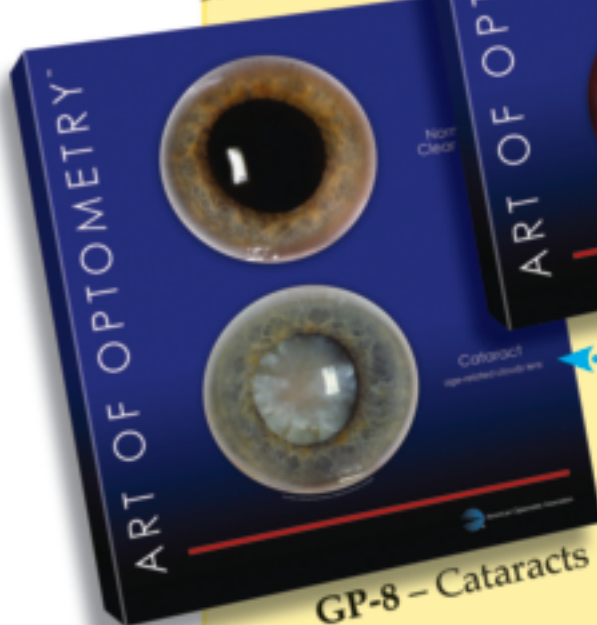
GP-7 – Diabetic Retinopathy



GP-3 – Diabetic Retinopathy



EACH Quality Canvas \$89



GP-8 – Cataracts



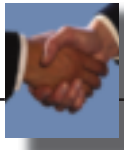
GP-4 – Cataracts

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PRACTICE STRATEGIES

Check out *Practice Strategies*, a popular section of *Optometry*, now in the *AOA News*, with expanded content and timely resources.

The practice management consultant

What qualities separate you from your competitors?

By Gary Gerber, O.D.

What sets you apart from the others? Every successful brand – whether it's a well-known product sold in every city and hamlet around the world, or an optometry practice located on Main Street USA – has certain attributes that make it special. It can be a set of characteristics, a description, a visual image that consumers respond to. It's what you hang your hat on, what you use to market itself and how you want patients/customers to think about you.

And, it's a quality that proves so elusive to many.

That's why many practitioners fall back on the easy and trite when it comes to describing who they are in terms of the image they wish to convey on their website, their ads and/or their direct mail pieces. "We always put the patient first," or "our caring staff will make you feel at home," hardly distinguishes you. It's not memorable or newsworthy – after all, there

are not many practices that would admit to not putting their patients first.

When patients hear your name, how do you want them

to think about you? What will leave them bragging about you to their neighbors? Why with all the optometry practices throughout the city/town to choose from, will they come to you?

You need to think of tangible and compelling reasons why patients should come to you over your competitors and use them in your marketing efforts.

It might be a struggle to come up with an answer. However, as a means to an end, here are a few things that could help:

- ❖ Try to put yourself in the shoes of your patients. If you were a patient, why would you go to you? Is it something about your training or experience? (e.g., "I am an expert in contact lens wear having been a consultant to leading contact lens manufac-

turers for 20 years.") About your stock? (e.g., "We have the largest and most diverse inventory of frames in the city.") The fact that you're

- ❖ they particularly impressed by? Be true to yourself. Whatever you come up with, make sure it's real. Don't be
- ❖ Seek out the opinions of others. Sometimes others see you in ways that you don't, so ask advice from your staff and patients. Make it a formal event – bring in dinner and have your staff stay late one night, and invite some of your best and brightest patients in on another night. Get the ball rolling by asking tough questions: What makes your staff particularly proud of working for you? What do they think makes the practice special? What convinced your patients to come to you in the first place? What are

disingenuous. People are not stupid and won't buy something they perceive as untrue. If you say you offer the best prices in town, make sure you do. If you say you specialize in fitting hard-to-fit contact lens wearers, make sure you can (and have patients who will offer testimonials to it). Does the technology you use to diagnose certain conditions really make you special? If not, you'll quickly lose your patients' trust. Along the same lines, make sure you feel comfortable with what you're saying about yourself. If you feel funny saying, for example, "you're the optometrist that other optometrists go to," then don't.

- ❖ Decide on who you hope to target. This is the launching pad for making any deci-

sions. The quality needs to be tied closely to the target you want to reach. If you're looking to attract young families, your message needs to be very different than if you want to target the elderly.

- ❖ Once you've decided, keep it consistent. To maximize awareness, keep your message the same in everything you do that reaches your audience. As a corollary to this, realize you can't be all things to all people. You can't be everyone's optometrist. Get behind whatever you come up with, and stay with it.

Getting the kind of return you want won't happen overnight. It takes time. Be patient. If you believe in what you're saying, chances are so will the people you're trying to reach.

Gary Gerber, O.D., is the president and founder of The Power Practice®, a practice management consulting company. He can be reached at drgerber@powerpractice.com or 800-867-9303 (www.facebook.com/ThePowerPractice and Twitter @PowerYourDream). Opinions expressed are those of the author and not necessarily those of the AOA.

AOA order department introduces friends and family referral kits

"Friends & Family Referrals, Visually Simple" is a turn-key solution that promotes "Word of Mouth" practice growth, with canvas artwork kits being offered by the AOA Order Department. The kits feature your choice of four customized designs. It's easy to distribute more referral cards with less time. Each branded kit includes: eye-catching 24" x 30" canvas artwork with your logo, 1,000 referral cards with holder and small footprint display easel. With a member price of only \$299 (plus shipping and tax where applicable), your practice growth kits will provide an excellent return on investment, by stimulating new referrals on a consistent basis. To professionally build success on success, affordable thank you cards are also available. Stated simply, mailing personalized thank you cards, with more referral cards, is a low-cost and proven practice builder.

Friends & Family designs can be viewed on the AOA's Practice Growth website at www.aoa.practicegrowth.com.

To order, call the AOA online store at 800-262-2210 or log into www.aoa.org/onlinestore.



Join the discussion on topical interests at <http://connect.aoa.org>. Simply log in with your member number (or e-mail address) and password (your six-digit birthdate) and click on Communities. We'd love to hear from you.



PARAOPTOMETRIC PARTNERS

Why can't we all just get along? *Managing the multigeneration workforce*

By Darlene Leuschke,
administrator, Commission
on Paraoptometric
Certification

They have no work ethic." "It's 5 o'clock and I am out of here!" "What's a blog?" "I remember when." "She's been here six months and is expecting a promotion!"

How often have you heard these words in your workplace? How much anxiety did it cause you? Never before have there been four

and attributes, and to learn how to create a more effective organization around each generation's preferences.

Everyone has had coworkers who had different beliefs, values, work styles, and communications. So why is having four generations working side by side becoming a problem now?

Generational differences can affect everything, from motivating, to communicating, to managing.

Managers are becoming

If you think the different generations really don't matter and that people are just people, think of this example when discussing the death of Kennedy. Traditionalists and baby boomers would most likely say, "Kennedy died of a gunshot wound while in Dallas, Texas." Most can recall the exact date of Nov. 22, 1963, and can probably tell you where they were when they heard the dreadful news. Generation X might say, "Kennedy, he died in a

Generations by year

Traditionalists (Veterans)	Baby Boomers	Gen X	Millennials (Gen Y)
1922-1945	1946-1964	1965-1982	1983-1997

staff to respect one another and appreciate the differences? And, more important, how can you motivate them to all get along?

In order to do so, managers should have a basic understanding of themselves, including determining into which generation they fall.

The descriptions that follow are subjective and may not be agreed upon by all; however, it provides a generalized description of each generation.

The traditionalists, also known as the veterans, were figuratively born in the 1920s to the early 1940s. Most people in this group were raised in a worldwide depression and faced the aftermath of World War II. Given the many hardships this group was handed, working to them is not seen as an obligation, but rather a privilege. Traditionalists have a wealth of experience, are hard-working and committed. They prefer a formal setting with an obvious separation between management and staff. Authority and discipline are core values of this group. This group will likely need to be trained in technology as it may find computers intimidating. They did not have the opportunity in school or work to use computers, so be patient. Don't rush the training and make it as stress-free as possible. Don't single them out as the only individual in the group slower in training. In other words, don't embarrass them. It might even be best if the trainer were closer in age to the traditionalist, not a 20-

year-old. Traditionalists are willing to learn if the necessity or change is proven. Respect their experience but don't be intimidated by it, and when addressing them, let them know how valuable and needed they are. When appropriate, ask them about the past, what worked and what didn't.

The baby boomers are those who were born in the late 1940s to the early 1960s. This is the post war, post depression generation, when the economy began to surge and everything was handed to them on a silver spoon. Many went to college and are optimistic. Baby boomers, like the traditionalists, have a wealth of experience and are driven team players but tend to have a much more rebellious attitude when it comes to authority. They tend to be the workaholics and overachievers. Boomers place a high value on personal relationships and personalized treatment. In managing them, find opportunities to become personally acquainted. They enjoy public recognition and the opportunity to prove themselves. Reward their work ethic and recognize the long hours they are willing to work. Baby boomers can be defensive, so ask questions before you point out their wrong doings as they are likely to not accept blame. Let them reach the conclusion on their own; they'll get the picture. When coaching,

See Generations, page 52

So just how does one manage the multigenerations who may quite possibly have conflicting work ethics, differing values and distinctive styles?

generations of people in the workforce, and it can be quite a challenge to handle, particularly because the four generations have such diverse cultural backgrounds and work ethics. Open-mindedness, patience, and extensive training are all necessary to understand each generation's needs, expectations

and are accommodating these generational differences.

Many workplaces are trying to bridge the generations that are generally broken into four groups: traditionalists, baby boomers, generation X and millennials.

plane crash near Martha's Vineyard in Massachusetts," and millennials might not have a clue and say, "Kennedy, Kennedy who?"

So just how does one manage the multigenerations who may quite possibly have conflicting work ethics, differing values and distinctive styles? How do you get your

Assets			
Traditionalists (Veterans)	Baby Boomers	Generation X	Millennials (Generation Y)
Loyal	Service oriented	Adaptable	United efforts
Highly dedicated	Driven	Technology literate	Optimistic
Strong commitment to teamwork and collaboration	Willing to do whatever it takes	Independent	Determined
Stable	Good relationship builders	Not intimidated by authority	Great at multi-tasking
Detail oriented	Desire to please	Creative	Technological savvy
Liabilities			
Traditionalists (Veterans)	Baby Boomers	Generation X	Millennials (Generation Y)
Uncertainty with change	Not budget minded	Impatient	Need for supervision
Reluctant to disregard the system	Self-centered	Poor people skills	Need for structure
Uncomfortable with conflict	Overly sensitive to feedback	Inexperienced	Inexperienced
Silent when disagree	Judgmental	Cynical	Not good at handling issues with others



SPOTLIGHT ON AOA MEMBERS

Md. OD taps social media for practice success

Alan Glazier, O.D., is an early adapter of social media and new technology who has translated his savvy into return for his practice in the Washington, D.C., suburb of Rockville, Md.

When Dr. Glazier decided to host his practice's first annual patient appreciation

press, a Facebook page, and lots of revelry," he said. "It was a big success. I think patients really felt appreciated."

Not only does Dr. Glazier use social media to communicate with patients, he also uses it to connect with fellow optometrists.

Dr. Glazier started the

"Social media is very inclusive. We can all learn from each other and get input from those who might have insight."

day, he turned to the power of Facebook, Twitter, Foursquare and other social media tools.

Dr. Glazier wanted to thank patients and find a way to give back. He decided to combine a trunk show with the patient appreciation day.

After three months of planning, Dr. Glazier sent professional invitations, garnered a lot of social media attention, offered patients significant discounts, and arranged for Washington Redskins cheerleaders, a cappuccino bar, food, drinks and entertainment.

More than 80 people participated in the patient appreciation event.

"We got a lot of local

"ODs on Facebook" group to facilitate discussions between colleagues.

With close to 2,000 ODs and other industry professionals in the group, ODs are obviously seeing the added value of sharing information on clinical and practice management or just discussing what's on their minds.

"I've had a great response," said Dr. Glazier. "I have an opportunity to make it what I want it to be, which is different from others out there. Social media is very inclusive. We can all learn from each other and get input from those who might have insight."

Dr. Glazier didn't foresee



The Redskinettes pose with some of the younger patients during the Patient Appreciation Day event.



Patients at Shady Grove Eye and Vision Care enjoy Patient Appreciation Day 2011. Alan Glazier, O.D., is shown talking to a patient in the center.

the success of the group and joked that it could have been called "The Accidental OD."

After 18 years in practice, Dr. Glazier said it's still imperative to stay up to date on the latest tools and to get involved in social media. He offered advice for those just starting out.

"It's important to really be a fly on the wall," he said. "Observe what's going on out there. Slowly dip your toe in the water because it can get overwhelming."

Dr. Glazier was helped develop the AOA's own social networking tool for members, AOACONnect. He was part of the Social Media Committee that first beta-tested the community. For more info, visit <http://connect.aoa.org>.

Members can search for "ODs on Facebook" on Facebook to join the group. Shaw Lens is currently sponsoring a contest on the page for a 1,000-post thread in which commenters can win \$1,000.

And while on Facebook, make sure to join the 7,000 fans of the AOA by liking the AOA page.



Office staffer Lori'Elle Fisher, CPOA, at right, speaks to a local reporter.

Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Have a story to share?

Drop a line to TLOverton@aoa.org.

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Speaker: Chuck Brownlow, O.D.
Medical Records & Coding Consultant

Tuesday, June 12 11a.m. CDT

Register Today!www.aoa.org/WebinarSerieswww.aoa.org/ArchivedWebinars**Reimbursement,***from page 44*

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SUN,*from page 41*

percent increased prevalence of cortical cataracts – and the Beaver Dam Study – which found increased sun exposure in the teen and early adult years increased risk of early signs of AMD, Dr. Lahr said.

However, effective action by optometrists, opticians and paraoptometric will be essential is realizing the potential of protective outdoor eyewear to reduce instances of UV- and HEV-related eye conditions, Dr. Lahr emphasized.

While surveys find a high level of public awareness regarding the sun's deleterious effect on skin, the public is not similarly aware of the sun's effects on the eyes, Dr. Lahr said.

“Through this course, optometrists will learn the most up-to-date information on the effects of sunlight and radiation on the eye and adnexa, understand why prevention, as a method to prescribe, resonates with the consumer, and learn how to prescribe the right outdoor eyewear for the variety of patients encountered (i.e., adults, general use, kids, sports, seniors, etc.),” said Dr. Lahr, O.D.

In addition to enhancing the level of care provided to patients, counseling on UV- and HEV-related eye conditions can represent a sound practice management strategy, Dr. Lahr suggests.

“For years, practice

management experts have wondered by optometrists are not dispensing more sunglasses through their practices. By learning to prescribe protective outdoor eyewear, optometrists can develop a new revenue stream while helping the nation to avoid a costly increase in serious eye conditions,” Dr. Lahr said.

The SUN Education Series, like all AOA EyeLearn™ courses, is available free of charge to AOA members. Certificates will be issued to those who successfully complete all three of the series modules.

AOA members can access the EyeLearn™ education portal at www.aoa.org/eyelearn.

Generations,*from page 50*

be sure to let them know they are doing a good job and gently inform them they can do better. They too want respect and hold their integrity high.

The gen Xers, born in the late 1960s to the early 1980s, are stereotyped as self-centered slackers due in part to movies such as “Wayne’s World.” However, many do not fall into this mold. Unlike their counterparts, gen Xers are not as loyal and are considered to be job hopppers. They tend to value the individualistic approach and become entrepreneurs. Being the informal self-reliant type, they have little care for protocol and authority but are able to adapt more quickly and effectively to the changing times.

Fun, freedom, and infor-

mal environments are suited to the gen Xers. When training, they prefer to learn and do at the same time because they are excellent at multitasking. The latest equipment and technology will most certainly motivate this group.

Lastly, the millennials are those born in the early 1980s to the 2000s. This generation is technologically savvy and more socially oriented. They exude confidence and realism, and nothing is worth doing to them unless it is fun. This generation is inexperienced. They are the babies of the workplace. Their inquisitive and creative nature makes them less likely to respond to a command type of management.

Millennials are also the entrepreneur type and have the ability to multitask in a world driven to make money. Their optimism and goal-oriented attitude keeps them focused and committed to achieving whatever they pursue. This group is resilient and, like the baby boomers, they embrace teamwork. They have the “I can do this”

attitude like the traditionalists. Provide plenty of time when training and orienting and let them know how they can contribute to the overall picture. Set expectations and goals for them and ask what their goals are. They prefer to be trained by a seasoned employee as they are sponges and desire to do well.

The solution to making the most of the differences is to communicate with one another and appreciate each person for his or her collective contributions. We are not all made to think and act alike and, if so, how boring the world would be!

Do know that on average, there are fewer traditionalists in the workforce, and more baby boomers in leadership positions? More gen Xers are beginning to reach the level of middle management, while the millennials are filling entry-level positions in the workforce. Continue to appreciate the differences, encourage open communication, and show respect. By doing so, you are guaranteed to maximize the talents of others.

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The bottom line

Tax credit can help ODs provide employee health insurance

By James R. Armstrong, CPA,
and Jodi Permenter, CPA

According to a report issued by the White House Council of Economic Advisors, employers with fewer than 25 employees generally pay as much as 18 percent more for health insurance coverage than their larger counterparts. In order to level the playing field, the Internal Revenue Service (IRS) has created the Small Employers Health Insurance Credit (SEHIC) to reward small employers who provide health insurance for their employees. Businesses and non-profit organizations that pay at least 50 percent of their employee's health insurance premiums could qualify for a credit of up to 35 percent of the premium paid.

In order to qualify for the tax credit, a business must have fewer than 25 full-time equivalent employees, pay an annual salary of less than \$50,000 per employee, and pay at least 50 percent of their employee's portion of health insurance premiums. The Small Employer Health Insurance Credit can be up to 35 percent of all health insurance premiums paid through 2013. In tax years 2014 and 2015, the credit will increase to 50 percent of premiums paid, but it will only be available to employers who purchase health insurance through state-sponsored insurance exchanges. All states must set up a state-sponsored insurance exchange by 2014, which is expected to reduce the price of health insurance for small employers by improving bargaining power and reducing broker fees and other administrative costs.

The credit does have limitations, however. Health insurance premiums paid for business owners with at least a 5 percent interest in the business (2 percent for S-Corporations) or their spouses and dependents are not eligible for the credit and are excluded from all calculations. The credit is also subject to a phase-out for

employers with more than 10 employees or employers with more than \$25,000 in average annual wages. Therefore, in order to qualify for the full 35 percent credit, a business must have fewer than 10 employees and less than \$25,000 in annual wages. In addition, the credit is non-refundable, so it cannot be claimed unless the business, or the business owner in the case of a partnership or S-Corporation has tax liability. If a business qualifies for the credit but does not have enough tax liability in the current year, the credit can be carried back one year or carried forward 20 years to offset future tax liability.

The number of full-time equivalent employees is calculated using the total hours worked by all employees per year divided by 2,080 hours (full-time). However, employees who work in excess of 2,080 hours per year are considered, for purposes of calculating the number of full-time employees, to have only worked 2,080 hours. Because premiums paid for owners and their dependents are ineligible for the credit, they are also excluded from the calculation of full-time equivalent employees. In addition, seasonal employees who are employed for less than 120 days are excluded from the calculation. For example, ABC Optometry has two owners who each work full-time in the business. They have each hired their spouse as full-time employees, in addition to six other full-time employees, two of whom worked 100 hours of overtime each during the year. The business has two part-time workers who work 1,040 hours per year and three temporary workers who work for two months during the year. The business is expanding, so they hired an additional full-time employee on April 1. Because the number is rounded down to the highest whole number, ABC Optometry has seven full-time equivalent employees.

The next step in calculating the Small Employer Health Insurance Credit is cal-

culating the average gross annual wage per employee. For example, ABC Optometry has a total annual payroll of \$594,000. Each of the owners makes \$100,000, and each of their spouses make \$45,000 per year. The seasonal employees each made \$5,000. The payroll for the owners, their spouses, and the seasonal employees is deducted from the total payroll, and the remaining \$294,000 is divided by the number of full-time equivalent employees (in this case, seven), and rounded down to the highest \$1,000 increment. The average annual payroll per full-time equivalent employee is \$42,000.

ABC Optometry adopts a health insurance plan that pays for 100 percent of its employees' health insurance premiums, but none of the premiums for the employees' spouse or dependents. The insurance plan qualifies for the tax credit because the business is paying for more than 50 percent of the employees' premiums, even though they do not contribute toward the premiums for the employees' family.

Because ABC Optometry pays for 100 percent of its employees' health insurance premiums, has fewer than 25 full-time equivalent employees, and the average annual wages are less than \$50,000, it qualifies for the Small Employer Health Insurance Credit. In order to prevent abuse, the credit is calculated

on the lower of either the health insurance premiums paid or the state average for health insurance premiums. This prevents employers from selecting expensive "Cadillac plans" in order to qualify for a larger credit. ABC Optometry pays \$14,000 for health care coverage each year. Of that, \$1,500 of the premiums paid are paid on the health insurance policies of the owners and their spouses, which is not tax deductible nor is it eligible for the Small Employer Health Insurance Credit. The remaining \$12,500 in premiums is eligible for the credit, provided that the cost is below the state average.

If ABC Optometry qualified for the full credit, it would be entitled to 35 percent of the total health insurance premiums paid, or \$4,375. However, ABC Optometry does not qualify for the entire credit because its annual salary is in the phase-out range. In order to calculate the amount of the credit that has been phased-out, ABC Optometry will find the difference between its average annual wages and \$25,000. In this case, the difference is \$17,000 (the \$42,000 average payroll - \$25,000 starting phase-out). The phased-out percentage is equal to \$17,000 divided by \$25,000, which is 68 percent. The \$2,975 (\$4,375 x .68) is excluded due to phase-out, leaving a \$1,400 (\$4,375 - \$2,975) tax credit available.

The IRS does not allow anyone to receive two tax benefits from the same expense, however, so ABC Optometry will not be able to claim the full \$12,500 health insurance expense deduction in addition to the credit. ABC Optometry must reduce the health insurance expense deduction by the amount of the credit. The allowed health insurance deduction is \$11,100 (\$12,500 gross expense less the \$1,400 allowed credit). Assuming that the business or business owners are in a 25 percent tax bracket, the business will receive a net tax benefit of \$1,050 (\$1,400 x .25).

Although the value of employer-sponsored health coverage is nontaxable to employees, it may soon be required that the amount be reported on the Form W-2 issued to employees. Current guidance requires employers issuing in excess of 250 Form W-2s to report the cost of major medical insurance beginning with 2012 W-2s (which are issued in January 2013). The amount shown should include the portion of premiums paid by both the employer and the employee, and it should be shown on Form W-2, Box 12, Code DD. Employers that issue fewer than 250 W-2s have been granted temporary relief, but may be required to comply by

see Tax, next page

Full Time Equivalent (FTE) Employees Calculation				
Type of Employee	Calculation of Hours Worked	Hours Worked	Allowed Hours	FTE
Owners (2)	2,080 hours * 2 employees	4,160	-	-
Spouses (2)	2,080 hours * 2 employees	4,160	-	-
Full Time Employees (6)	2,080 hours * 6 employees + with 200 overtime hours 200 overtime hours	12,680	12,480	6.00
Part Time (2)	1,040 hours * 2 employees	2,080	2,080	1.00
Temporary Workers (3)	345 hours * 3 employees	480	-	-
New Employee hired April 1	2,080 hours * 1 employee * 9/12 months of the year	1,560	1,560	0.75
TOTAL		25,120	16,120	7.75

CDC epidemiology training program seeks OD applicants

The U.S. Centers for Disease Control and Prevention (CDC) is now accepting applications from health care practitioners for its Epidemic Intelligence Service (EIS) Program.

The EIS is a unique two-year, post-graduate training program of service and on-the-job learning for health professionals interested in the practice of applied epidemiology, according to the CDC.

Each year, 70 to 80 people are selected as EIS officers and assigned to the CDC, or to state or local health departments, where they conduct epidemiologic investigations, research, and public health surveillance.

"EIS officers are on the public health frontlines, conducting epidemiologic investigations, research, and public health surveillance both nationally and internationally," CDC officials said in a statement on the program last month.

Since the service was established in 1951, more than 3,000 EIS officers have responded to requests for epidemiologic assistance from within the United States and from around the world, according to the CDC.

Over the past decade, EIS officers have conducted studies or investigations related to the Sept. 11 terrorist attacks, the health status of Haitian orphans entering the United States after the Haiti earthquake, and reported cases of a new strain of influenza A (H1N1).

Optometrists are eligible for the EIS program, CDC officials emphasized in discussions with Michael Duenas, O.D., AOA's associate director for health sciences and policy, and a past CDC health scientist.

"Optometrists serving as EIS Officers might be called on to investigate disease outbreaks, such as acanthamoeba keratitis and other zoonotic,

waterborne or environmental diseases and/or exposures. Additionally, they may assist in surveillance activities and in providing accurate and timely health information on infectious and chronic diseases, with links to vision and eye health, to the public, health care professionals, and state, local and tribal officials," said Dr. Duenas.

The program is open to physicians, other health care professionals, doctoral level scientists, and veterinarians, according to the CDC.

Applications for the program must be filed online before midnight EST on Sept. 1, 2012.

For additional information, including a downloadable brochure on the program, see the EIS webpage (www.cdc.gov/eis). Questions can be emailed to eis@cdc.gov. Optometrists with questions about the program can contact Dr. Duenas at mrduenas@aoa.org.



From left, Cheryl Archer, O.D., president of Optometry Cares; entertainer Tom Sullivan; and Bubba Steele, O.D., InfantSEE® Committee chair, at an Ohio State University event to increase access to optometric care for all infants in collaboration with the Allergan Foundation.

Tax, from page 53

as early as 2013.

The Small Employer Health Insurance Credit is an excellent opportunity for small businesses to offset the cost of health insurance for their employees, especially considering the increased pressure for employers to provide health insurance to their employees. In fact, recent health care reform measures will require businesses with more than 50 employees to offer health insurance to their employees by 2014 or pay a penalty of \$750 per full-time employee. However, the number of employees may include all part-time employees as well, which could increase the

number of small employers that would be subject to the penalty.

Armstrong is a partner in the firm of May & Company, LLP. Permenter is a member of the professional staff of May & Company, LLP. The firm consults with optometrists in 30 states, assisting with their tax planning and preparation, QuickBooks support, and business planning. May & Company was established in 1922 and has offices in Louisiana, Mississippi, and Alabama. Armstrong can be reached at 601-636-4762 or by e-mail at jarmstrong@may-cpa.com.

2nd-year EHR incentives require year-long meaningful use

Health care practitioners who successfully attested compliance with Medicare standards for the "meaningful use" (MU) of electronic health records (EHR) last year, and thereby qualified for bonuses under the 2011 Medicare Electronic Health Records Incentive program, will have to meet Medicare EHR utilization criteria all year long if they want to qualify for incentives again in 2012, according to the AOA Health Information Technology (HIT) Subcommittee.

"While practitioners in their first year of participation need only maintain compliance with specified EHR utilization criteria for 90 consecutive days over the course of a calendar year to

qualify for the Stage 1 Medicare EHR incentives that were available in 2011, they must meet specified utilization criteria continuously for 12 months to qualify for their second year of participation," said Dr. Gross.

Practitioners can earn up to \$18,000 for meeting EHR use requirements during their first year in the Medicare incentive program, up to \$12,000 for meeting requirements during a second year in the program, and as much as \$8,000 for meeting requirements during subsequent years in the incentive program.

The U.S. Centers for Medicare & Medicaid Services (CMS) are expected to announce standards for Stage II meaningful use soon.

The Medicare EHR Incentive Program runs from 2011 to 2016. Health care practitioners can qualify for incentives for up to five consecutive years. Practitioners who fail to meet EHR utilization requirements by 2015 will be subject to Medicare fee reductions.

"Optometrists who met Medicare Meaningful Use EHR standards during the first year of the incentive program should continue to meaningfully use EHRs for all patients so they do not fall behind on compliance during years two-through-five of the program," Dr. Gross said.

For additional information, see the AOA website EHR page (www.aoa.org/ehr).

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Attending the press conference announcing the HRSA grant are, from left, Kent Daum, vice dean of the School of Optometry; MCPHS President Charles F. Monahan Jr.; Rep. James McGovern (D-Mass.); Jeanette Sewell, associate dean for Clinical Programs at the School of Optometry; and Lesley Walls, O.D., M.D., founding dean of the MCPHS School of Optometry.

MCPHS to partner on optometry clinic as part of \$5 million grant

The Massachusetts College of Pharmacy and Health Sciences (MCPHS) and the Family Health Center of Worcester (FHCW) announced the launch of a \$1.5 million joint project to construct a state-of-the-art optometry clinic on the ground floor of the health center. The project is part of a \$5 million grant awarded to the center by the Health Resources and Services Administration (HRSA) as part of the Affordable Care Act.

Among those on hand for the announcement at the health center were Rep. James P. McGovern (D-Mass.); MCPHS President Charles F. Monahan Jr.; President and CEO of Worcester Family Health Center Frances Anthes; and U.S. Department of Health & Human Services Regional Director Christie Hager.

"Going back to the launch of its pharmacy and continuing with our students' clinic placements here, the college has a long, proud relationship with the Family Health Center of Worcester," said Monahan. "As we launch our new School of

Optometry, we are thrilled to also be involved in a project that will drastically increase access to good, quality health care in Worcester."

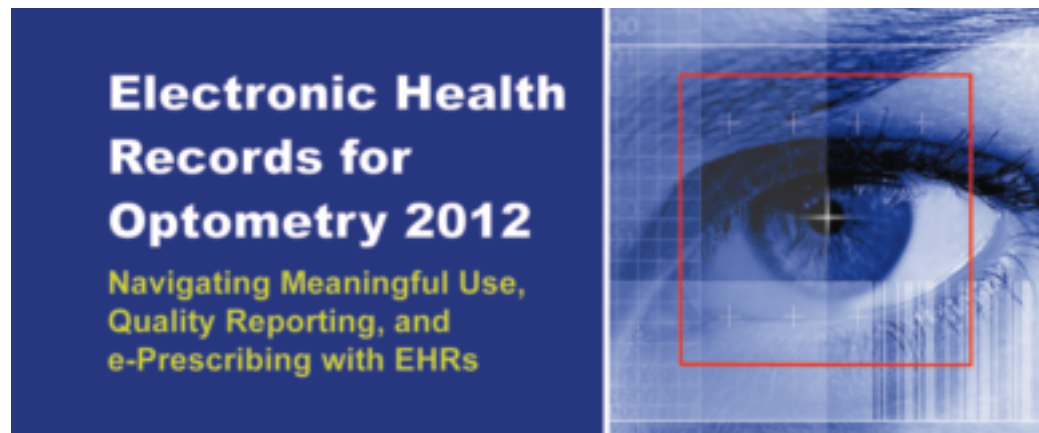
The new optometry clinic will be partly staffed by faculty and students from the new MCPHS School of Optometry, which will begin receiving students in August.

MCPHS optometry students will also have the opportunity to do their clinical rotations at the clinic.

The optometry clinic, scheduled for completion July 2013, will see approximately 7,000 patients per year.

The MCPHS School of Optometry will be located at the college's Lincoln Square Living and Learning Center, which the college purchased in 2010.

MCPHS recently completed \$10 million in capital improvements at the site, which now includes an on-site optometry clinic, research space, administrative offices, faculty/staff offices, and an optical dispensary. The facility also currently houses 200 students.



With the American health system rapidly adopting both advanced information technology and pay-for-performance reimbursement systems, the American Optometric Association, in collaboration with state affiliates, supports practicing optometrists in the implementation and use of Electronic Health Records (EHRs).

Optometrists today must adopt EHRs and related technology, embrace meaningful use and e-prescribing, to be an integral part of the health care system of the future. Taking advantage of Health Information Technology (HIT) incentives and understanding how HIT will ultimately provide the infrastructure for pay-for-performance reimbursement programs in the future will help keep their practice financially viable.

The AOA's 2012 EHR Preparedness Program for Optometry offers practical guidance on EHR implementation through:

- EHR Software Selection and Implementation, an entry-level HIT course for optometrists who plan to implement EHR technology in the coming months. (2 hour COPE -PM)
- EHR Incentive Programs and Meaningful Use Update, a more advanced course for practitioners who have already implemented EHRs, or will soon, are now preparing to take part in the Medicare or Medicaid EHR incentive program. (2 hour COPE -GO)
- Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy, a course explaining PQRS and e-prescribing and how you can implement these systems in your practice and participate in the Medicare PQRS and e-Prescribing incentive program. (2 hour COPE -GO)

Each 2-hour course is COPE approved; may be used by paraoptometrics toward CPC certification renewal.



Visit www.aoa.org/ehr to view a list of courses offered at state optometric association meetings during 2012.

Attend the AOA's EHR Lectures on Wednesday, June 27 at the 2012 Optometry's Meeting® in Chicago. Visit www.optometrymeeting.org to register for the meeting and select courses 0875 and 0880.

The AOA's 2012 EHR Preparedness Program is generously supported by:





Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson
Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Vistakon

Vistakon® Division of Johnson & Johnson Vision Care, Inc., specializes in disposable contact lenses that it markets under the Acuvue® brand name. "Acuvue® is the brand of contact lenses most trusted by eye doctors," says Richard Wallingford, Jr., O.D., director of Professional Affairs.

A quarter of a century after revolutionizing the contact lens industry with the introduction of the first disposable soft contact lens, Acuvue® Brand Contact Lenses continues to work closely with doctors to offer patients the comfort, ocular health, and high quality of vision they desire from contact lens wear.

Acuvue® Oasys® Brand Contact Lenses with Hydraclear® Plus, the No. 1 silicone hydrogel lens on the market, is a breakthrough for contact lens wearers whose eyes can feel tired and dry in challenging environments. It also has an additional indication by the U.S. FDA for therapeutic use as a bandage lens for certain acute and chronic ocular conditions, and is available in a plano lens for therapeutic use.

Acuvue® Oasys® Brand Contact Lenses for Astigmatism offer outstanding visual acuity and fit for astigmatic patients, and provide clear and consistent vision and comfort throughout the day.

Acuvue® Oasys® Brand Contact Lenses for Presbyopia afford practitioners an opportunity to provide an option for continued contact lens wear for the millions of emerging and early presbyopic contact lens wearers who want to remain in contact lenses.

1-Day Acuvue® Moist® Brand Contact Lenses employ breakthrough Lacreon® Technology to lock in moisture throughout the day.

New 1-Day Acuvue® Moist® Brand Contact Lenses for Astigmatism feature a proprietary Blink Stabilized™ Design, which harnesses the natural pressures of a blinking eye to help keep the lens in place and quickly realign the lens if it rotates out of position, providing wearers with consistent vision all-day.

1-Day Acuvue® TruEye® Brand Contact Lenses, the first and only silicone hydrogel daily disposable lens in the United States, is a breakthrough in contact lens technology with a distinctive balance of properties that enables it to offer exceptional comfort, comparable to a contact lens-free eye.

Acuvue® Advance® Plus Brand Contact Lenses with Hydraclear® Technology provides the freshness of a two-week modality at a price comparable to a monthly lens.

The company's commitment to optometrists and patients extends beyond its products and services. Over the past five years, Vistakon® has continued to support nearly 100 local, state, and national associations/societies and more than 100 CE events a year.

The Vision Care Institute™, LLC, a Johnson & Johnson Company, (www.tvci.edu.com) is an innovative professional resource for eye care providers.

Headquartered in Jacksonville, Fla., the state-of-the-art facility gives participants a rare opportunity to experience the latest in vision diagnostic and treatment technologies through hands-on instruction, including training on contact lens fitting and prescribing.

More than 70,000 (7,300 U.S.) attendees have received training worldwide.

"In partnership with the AOA, we have also committed more than \$3 million to InfantSEE®, a no-cost public health program for infants," says Dr. Wallingford. "Educating the public about the importance of eye care exams as an integral part of health care at all ages and stages of life is a core component of our educational efforts," he adds.

For more information, visit www.jnjvisioncare.com.

Transitions revamps Spanish-language site

Complementing its ongoing efforts to reach Hispanic consumers about their unique eye health risks and the importance of regular eye care, Transitions Optical, Inc. launched a revamped, Spanish-language version of the Transitions Healthy Sight for Life Fund™ website.

Found at www.VisionSaludableParaTodaLaVida.org, the site includes a Spanish version of the new, interactive healthy sight risk assessment for consumers.

The assessment allows users to enter their age and ethnicity to learn more

about their most common eye and overall health risks.

Printable education materials, tailored to the individual's results, are available free of charge in both English and Spanish.

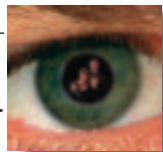
The website also includes a page with general eye health information and tips for enhancing and protecting vision, as well as a link to information about the Transitions Cultural Connections™ program, which was created to help educate diverse consumers about their eye health risks and arm eye care professionals with resources to serve these populations.



Summer style



The new Yves Saint Laurent women's oversized sunglasses, with double metal plaque on temples and engraved ysl "Cassandre" logo, serve as a discreet signature. Shown is style "YSL6347/S."



INDUSTRY NEWS

CooperVision introduces Proclear® 1 day multifocal CLs

CooperVision Inc. announced the launch of Proclear® 1 day multifocal daily disposable contact lenses, which provide presbyopic patients with excellent vision at all distances and address age-related dryness, all in the convenience of a daily disposable lens.

Proclear 1 day multifocal lenses offer the convenience of a daily disposable lens for the full-time or occasional wearer, along with all-day comfort and high performance for patients who want an overall, more natural visual experience.

“There are many dynamics at play in the contact lens market right now that are driving lens innovation,” said Dennis Murphy, executive vice president, global sales and marketing, CooperVision. “With more presbyopic patients emerging every day, each with his or

her own unique visual needs and lifestyles, there is a tremendous opportunity for practitioners to embrace multifocal daily disposable contact lenses.”

CooperVision offers one of the most comprehensive multifocal contact lens portfolios in the industry to treat presbyopic patients—even those with astigmatism.

The latest lens, Proclear 1 day multifocal, appeals to both daily and occasional wearers due to its healthier modality, ability to provide excellent vision at all distances, and CooperVision’s PC Technology™, known for its comfort.

In fact, Proclear is the only lens material cleared by U.S. Food and Drug Administration to claim that it: “May provide improved comfort for those who experience dryness or mild discomfort during lens wear.”

More and more, patients

and practitioners are seeing the benefits of daily disposable contact lenses. Lifestyle often plays a significant role for the occasional wearer who may use daily disposable lenses as an alternative or complement to progressive spectacles or reading glasses when participating in sports or social activities.

Proclear 1 day multifocal lenses can ease the adaptation that presbyopes encounter and can help prevent contact lens dropouts, according to CooperVision.

“The challenge with creating a great multifocal contact lens is being able to improve a patient’s near vision without sacrificing the quality of distance and intermediate vision,” said Arthur Back, vice president, research and development, CooperVision. “Proclear 1 day multifocal lenses strike the right balance between patient and practitioner satis-

faction, as they’re designed to be easy to fit, while still providing excellent vision performance and comfort.”

The center-near aspheric design and simplified fitting approach make it easier to select the right lens for patients in all stages of presbyopia—whether they are emerging or existing presbyopes. Proclear 1 day multifocal lenses are offered in a broad power range and are designed with a single power profile. With the use of a near boost in the non-dominant eye, the lens can accommodate patients up to +2.50 ADD. As a result, practitioners will be able to more easily adjust prescriptions—even as they change—contributing to less chair time, more profitable visits, and improved patient satisfaction.

A recent CooperVision-sponsored study compared the vision performance of Proclear 1 day multifocal

lenses with a market-leading multifocal lens.

Among patients with ADDs of +1.25 to +2.50, Proclear 1 day multifocal lenses scored equivalent for near vision and equivalent or better for intermediate and distance vision after one hour of wear. In the same study, Proclear 1 day multifocal lenses were preferred for vision among patients with ADDs of +2.00 to +2.50 after one hour of wear.

Proclear 1 day multifocal lenses are manufactured with PC Technology, a unique lens material that attracts and maintains moisture, thus reducing dryness.

The lenses feature sphere powers from +6.00 to –10.00 (0.50 steps after –6.00); a base curve of 8.7 mm; and a diameter of 14.2 mm. The lens is designed with a single power profile that can accommodate patients up to +2.50 ADD power.

Leading authority on eye allergies shares tips, offers advice on radio blog show

An estimated 50 million Americans suffer from the miseries of allergies and about 50 percent of individuals with seasonal and indoor allergies also experience some degree of eye symptoms.

On the new edition of Healthy Vision™ with Dr. Val Jones, Paul Karpecki, O.D., a top authority on eye allergies, joins Dr. Val to talk about how to identify, treat, and manage eye symptoms from seasonal and indoor allergies.

Eye redness, itchiness, tearing, blurred vision or swelling of the eyelids due to allergies can impact performance at work, school and during sports and other recreational activities.

However, according to Dr. Karpecki, there are a num-

ber of things you can do around the house, at the office, and even in your car to minimize or prevent these common

eyes often causes their makeup to come off. “Mascara tends to be sticky and can attract a lot of pollen and

the Asthma & Allergy Foundation of America.

Dr. Karpecki has some tips for allergy sufferers who

ing and improving the eye health of Americans. The program is supported by Acuvue® Brand Contact Lenses and is hosted by Val Jones, M.D., CEO of Better Health, LLC, a network of popular health bloggers, and author of, “Dr. Val and the Voice of Reason,” which won The Best New Medical Blog award in 2007. Her new blog on eye health can be found at www.healthline.com/health-blogs/healthy-vision.

Free podcasts of Healthy Vision™ with Dr. Val Jones can be found in the iTunes® Store (for best results, search for the show by its complete title. It can be found in LifeMinute.TV Health) and on BlogTalk Radio (www.blogtalkradio.com/healthyvision).

“Many patients tell me that their allergies are worse overnight, and there are some things you can do before you get into bed that may help you feel better.”

symptoms from occurring.

“Many patients tell me that their allergies are worse overnight, and there are some things you can do before you get into bed that may help you feel better,” he said.

Women, in particular, note that eye allergy symptoms often make them look like they have been crying, and frequent rubbing of their

other allergens that are in the air,” explains Dr. Karpecki. He offers tips for women who wear makeup and also discusses options that may help alleviate the discomfort that often leads to itching or rubbing of the eyes.

Approximately 15 to 30 percent of people with allergies have adverse reactions to cats and dogs, according to

own or visit a home with a pet.

“If you’re allergic to a dog or cat, and you are going someplace with one of these pets, it is important that you take some preventative steps before you arrive, or you’re going to have a miserable time,” he cautions.

Healthy Vision™ with Dr. Val Jones is devoted to educat-



MEETINGS

June

MARYLAND OPTOMETRIC ASSOCIATION
JUNE CE EVENT
June 10, 2012
Conference Center at the Maritime Institute, Linthicum Heights, MD
Kristen Phillips
410/727-7800
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
June 22-24, 2012
Williamsburg Lodge
Williamsburg, VA
Bruce Keeney
804/643-0309
www.thevoa.org

OPTOMETRY'S MEETING
June 27/July 1
Chicago, IL
www.otometrysmeeting.org

AOA 2012 ELECTRONIC HEALTH RECORDS PREPAREDNESS PROGRAM FOR OPTOMETRY
June 27, 2012
Optometry's Meeting – Chicago, IL
Register for courses 0875 and 0880
www.optometrysmeeting.org

AOA PRACTICE PATHWAYS – PREPARING FOR YOUR TRANSITION!
June 28, 2012
Optometry's Meeting – Chicago, IL
Register for courses 1043 and 1083
www.optometrysmeeting.org

AOA OPTOMETRY'S CAREER CENTER
June 29, 2012
Optometry's Meeting – Chicago, IL
Register for course 0205
www.optometrysmeeting.org

July

TROPICAL CE
July 1-8, 2012
Bahamas
www.tropicalce.com
sautry@tropicalce.com

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
ADVANCED PROCEDURES – LASER THERAPY FOR THE ANTERIOR SEGMENT AND SURGICAL PROCEDURES FOR THE OPTOMETRIC PHYSICIAN
July 6-8, 2012
Northeastern State University, Oklahoma College of Optometry, Tahlequah, OK
918/444-4033
Beason01@nsuok.edu
http://optometry.nsuok.edu/ContinuingEducation.aspx

Nova Southeastern University
Therapeutic Pharmaceutical Agents Certification/Board Review Course
July 8-18, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

INDIANA OPTOMETRIC ASSOCIATION
SUMMER SEMINAR
July 11, 2012
Ritz Charles Conference Center
Carmel, IN (Indianapolis)
Bridget Sims
317/237-3560
blsims@ioa.org
www.ioa.org

COLORADO VISION SUMMIT
July 12-15, 2012
The Steamboat Grand
Steamboat Springs, CO
1-877-691-2095
cvsummit@visioncare.org
www.visioncare.org

OEP/SCO CONFERENCE
CLINICAL VISION CARE (CCVC), SOUTHERN COLLEGE OF OPTOMETRY
July 13-15, 2012
Memphis, TN
OEP or Howard Bacon
949-250-8070
hbbacon@familyoptometry.net

NORTH DAKOTA OPTOMETRIC ASSOCIATION
ANNUAL GOLF OUTING & CE
July 13, 2012
Hawktree Golf Club, Bismarck, ND
701/258-6766
Toll Free 877/637-2026
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.com

NATIONAL OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
July 18-22, 2012
Toronto, Canada
877/394-2020
Noa.2020@yahoo.com
www.nationaloptometricassociation.com

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2012 VICTORIA CONFERENCE
July 18-22, 2012
Inn at Laurel Point
Victoria, BC, Canada
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

OEP CLINICAL CURRICULUM, SOUTHERN COLLEGE OF OPTOMETRY
VT/Visual Dysfunctions
July 19-23, 2012
Memphis, TN
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

Northern Rockies Optometric Conference
July 20-22, 2012
Jackson, Wyoming
Coby Ramsey, O.D.
cramsey@wyoming.com

IOWA OPTOMETRIC ASSOCIATION
IOWA OKOBOJI OPTOMETRIC MEETING
July 20-22, 2012
The Inn
3301 Lake Shore Drive
Okoboji, IA 51355
712/332-2113
877/265-4386
www.theinnatokoboji.com

FOUNDATION OF VISION THERAPY, PART 11
July 27-29, 2012
Franklin, TN
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

SACRAMENTO VALLEY OPTOMETRY SOCIETY
TAHOE SEMINAR
July 27-29, 2012
North Lake Tahoe
Hyatt Regency Hotel
Incline Village, NV
jerryssue@svos.info
www.svos.info

August

SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION
EDUCATIONAL RETREAT 2012
August 3-5, 2012
South Seas Island Resort
Sanibel Island, FL
Brad Middaugh, O.D.
239/481-7799
swfoa@att.net
www.swfoa.com

WISCONSIN OPTOMETRIC ASSOCIATION
SUMMER EDUCATION EVENT
August 3-4, 2012
Blue Harbor Resort, Sheboygan, WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

KEY WEST EDUCATIONAL CONFERENCE THE FOUNDATION FOR OCULAR HEALTH
August 10, 2012
Key West, Florida
Gloria Ayan
gayan@araneye.com
305/491-3747

NOVA SOUTHEASTERN UNIVERSITY
SUPER SUNDAY #1
August 19, 2012
Orlando, FL
954/262-4224
oceaa@nova.edu
optometry.nova.edu/ce/index.html

Save the date!



Optometry's meeting®

JUNE 27 - JULY 1, 2012

CHICAGO

October 6-7

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The Castle Hotel Orlando, Florida

Melton & Thomas Deepak Gupta Kimberly Reed

education@psseyecare.com

www.psseyecare.com

IDAHO OPTOMETRIC PHYSICIANS ANNUAL CONGRESS
Featuring Drs. Paul Karpecki, Charles Brownlow & Nathan Lighthizer
August 23-25, 2012
The Grove Hotel
Boise, ID
Randy L. Andregg, O.D.
208/461-0001
randregg@vision-1.com

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION
105TH SCOPA ANNUAL MEETING
August 23-26, 2012
Myrtle Beach Marriott Resort & Spa at Grande Dunes
Myrtle Beach, SC
Jackie Rivers/Anna Straub
877/799-6721
info@sceyedocors.com
www.sceyedocors.com

September

MIDDLE ATLANTIC OPTOMETRIC CONGRESS
September 6-9, 2012
Doubletree Hotel and Convention Center, Monroeville, PA
Barry Cohen, O.D.
barryc51@gmail.com

OEP CLINICAL CURRICULUM THE ART & SCIENCE OF OPTOMETRIC CARE-A BEHAVIORAL PERSPECTIVE
September 6-10, 2012
Grand Rapids, MI
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

COLORADO VISION TRAINING CONFERENCE
September 7-9, 2012
Estes Park, CO

NOVA SOUTHEASTERN UNIVERSITY
FALL CONFERENCE
September 8-9, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
FALL PRIMARY EYE CARE UPDATE
September 8-9, 2012
Northeastern State University, Oklahoma College of Optometry, Tahlequah, OK
918/444-4033
Beason01@nsuok.edu
http://optometry.nsuok.edu/ContinuingEducation.aspx

NORTHEAST CONGRESS
September 9-10, 2012
Westford, MA
Kathleen Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

ENVISION CONFERENCE 2012
September 12-15, 2012
Hilton St. Louis at the Ballpark
St. Louis, MO
info@envisionconference.org
www.envisionconference.org

South Dakota Optometric Society
Fall Conference
September 13-14, 2012
Hilton Garden Inn, Sioux Falls, SD
Deb Mortenson, Exec. Dir.
605/224-8199
Deb.mortenson@pie.midco.net
www.sdeyes.org

CE IN ITALY
September 14-16, 2012
Florence, Italy
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEItaly.com
www.CEItaly.com

SOUTHWEST COUNCIL OF
OPTOMETRY
SWCO MEETING
September 14-16, 2012
InterContinental Hotel, Addison, TX
Niki Bedell, M.P.H.
713/743-1856
FAX: 713/743-6541
www.swco.org

VERMONT OPTOMETRIC
ASSOCIATION
ANNUAL MEETING
September 14-16, 2012
Basin Harbor Club, Vergennes, VT
David J. DiMarco, O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

CE IN ITALY
September 18-20, 2012
Tuscany Immersion: Castiglion
Fiorentino
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEItaly.com
www.CEItaly.com

NEBRASKA OPTOMETRIC
ASSOCIATION
FALL CONFERENCE
September 21-23, 2012
Younes Conference Center
Kearney, NE
noa@AssocOffice.net
Nebraska.aoa.org

CENTRAL PENNSYLVANIA
OPTOMETRIC SOCIETY CE
FORUM XVI
Featuring Melton and Thomas
September 23, 2012
The Hotel Hershey
Hershey, PA
Mary Good, O.D.
cpsrsvp@gmail.com

WISCONSIN OPTOMETRIC
ASSOCIATION
CONVENTION AND ANNUAL
MEETING
September 27-30, 2012
Kalahari Resort, Wisconsin Dells, WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

ILLINOIS OPTOMETRIC
ASSOCIATION
ANNUAL CONVENTION
September 28-30, 2012
Crowne Plaza Hotel, Springfield, IL
800/933-7289
www.ioaweb.org

NORTH DAKOTA OPTOMETRIC
ASSOCIATION
109TH ANNUAL CONGRESS &
EXHIBITION
September 30 - October 2, 2012
Ramkota Hotel, Bismarck, ND
701/258-6766
Toll Free 877/637-2026
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.com

October

OHIO OPTOMETRIC
ASSOCIATION
EASTWEST EYE CONFERENCE
October 4-7, 2012
Public Auditorium, Cleveland, OH
Linda Fette
800/999-4939
linda@ooa.org
www.eastwesteye.org

PSS EYECARE
PSS 2012: FORUM ON OCULAR
DISEASE
October 6-7, 2012
The Castle Hotel, Orlando, FL
education@psseyecare.com
www.psseyecare.com

Michigan Optometric Association
44th Annual Fall Seminar
October 10-11, 2012
Lansing Center, Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

WISCONSIN OPTOMETRIC
ASSOCIATION
NORTHWOODS EDUCATION
EVENTS
October 12-13, 2012
Black Bear Lodge, St. Germain, WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

VIRGINIA OPTOMETRIC
ASSOCIATION
FALL CONFERENCE
October 13-14, 2012
Lansdowne Resort
Leesburg, VA
Bruce Keeney
804/643-0309
www.thevoa.org

IOWA OPTOMETRIC
ASSOCIATION
IOWA HAWKEYE INSTITUTE
October 18-19, 2012
Cedar Rapids Marriott
Cedar Rapids, IA
319/393-6600
800/396-2153
www.marriott.com/hotels/travel/cid
mc-cedar-rapids-marriott/
or www.marriott.com

November

OEP CLINICAL CURRICULUM
VT/STRABISMUS & AMBLYOPIA
November 1-4, 2012
Western University College of
Optometry, Pomona, CA
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

CALIFORNIA OPTOMETRIC
ASSOCIATION
MONTEREY SYMPOSIUM
November 9-10, 2012
Monterey Marriott Hotel & Conf.
Center
Will Curtis
916/266-5037
wcurtis@coavision.org

PACIFIC UNIVERSITY, COLLEGE OF
OPTOMETRY CE CHARLESTON
November 9-10, 2012
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

FELLOWSHIP OF CHRISTIAN
OPTOMETRISTS, INTERNATIONAL
23RD ANNUAL EDUCATIONAL
CONFERENCE
November 9-11, 2012
Abe Martin Lodge, Brown County
State Park
Nashville, IN
850/530-9626



Sept. 12-15, 2012
Hilton St. Louis at
the Ballpark
St. Louis, MO

info@envisionconference.org
www.envisionconference.org

foreknown@aol.com
www.fcoint.org/services/annualCon
ference.html

WISCONSIN OPTOMETRIC
ASSOCIATION
PRIMARY CARE SYMPOSIUM
November 9-10, 2012
Country Springs Hotel, Waukesha,
WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

NOVA SOUTHEASTERN
UNIVERSITY
SUPER SUNDAY #2
November 11, 2012
Orlando, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/inde
x.html

OEP CLINICAL CURRICULUM
VT/VISUAL DYSFUNCTIONS
November 29-December 3, 2012
Grand Rapids, MI
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

February

SECO INTERNATIONAL 2013
February 27-March 3, 2013
Georgia World Congress Center,
Building A, Atlanta, GA
Bonny Fripp
770/451-8206, ext. 13
FAX: 770/451-3156
bfripp@secostaff.com

AOA Vision Rehabilitation Section AMD A to Z 2012 course schedule

SOUTH CAROLINA OPTOMETRIC PHYSICIANS
ASSOCIATION
105TH SCOPA ANNUAL MEETING
MYRTLE BEACH, S.C.
SPEAKERS: DAWN DECARLO, O.D.
JUSTIN GREEN, PH.D.
AUG. 24-25, 2012
DAY/TIME TBD

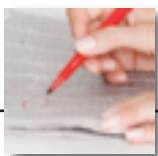
NEW JERSEY SOCIETY OF OPTOMETRIC
PHYSICIANS
THERAPY BY THE SEA
SHERATON ATLANTIC CITY HOTEL AND
CONVENTION CENTER, ATLANTIC CITY, N.J.
SPEAKERS: DAVID LEWERENZ, O.D.
JUSTIN GREEN, PH.D.
SEPT. 22, 2012
10 a.m. - noon

For additional information contact Melissa Flower-
MLFlower@aoa.org. The schedule and presenters are
subject to change.

**For featured calendar
events, email
t.peppers@elsevier.com.**

**To submit standard items
for the meetings
calendar, send a note to
eventcalendar@aoa.org.**

**Please allow several
months' lead time.**



SHOWCASE

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**FACULTY POSITION
AVAILABLE IN OPHTHALMOLOGY/OPTOMETRY**

The UCLA Jules Stein Eye Institute and Department of Ophthalmology are seeking an Assistant Professor or Associate Professor specializing in contact lens care for routine fits as well as for those suffering corneal irregularities, especially keratoconus. Responsibilities will include management of a specialty contact lens practice including staff, finances, coding and billing. The faculty member will also be expected to maintain an active academic research program and teach ophthalmology residents, fellows and optometry fellows the principles and practice of contact lens fitting at the Jules Stein Eye Institute. For optometrists, contact lens residency or fellowship training is preferred. Ophthalmologists must be board certified or eligible to be considered. All interested ophthalmologists and optometrists should send a curriculum vitae, the names of three references and a letter describing interests and accomplishments to:

Anthony Aldave, M.D.
Chair of Search Committee
Jules Stein Eye Institute
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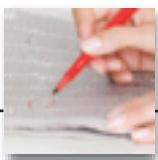
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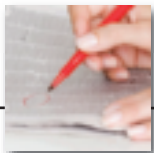
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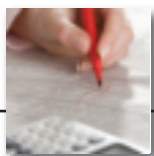
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